

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

Thorpe House Dental Practice

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Tel: 01483539494

Date of Inspection: 06 June 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

Complaints ✓ Met this standard

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Dr. Stuart Galvin |
| Overview of the service | The service provides primary dental care to National Health Service (NHS) and private patients in the Surrey area. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury |

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

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Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We sent a questionnaire to people who use the service, talked with staff and reviewed information sent to us by local groups of people in the community or voluntary sector.

What people told us and what we found

We found that people were treated with respect and were involved in making decisions about their care and treatment.

People expressed satisfaction with the standard of service they received. In response to a recent internal survey people had written; 'I am always happy with your dentists' and 'My experience was as good as it could have been under the circumstances'.

We found that the service took account of people's health before recommending treatment. One person who completed a questionnaire during our inspection wrote 'They are very good at asking about your health and any medication you're on. I suppose this affects the treatment'.

In response to the above survey one person wrote, 'I was given a very good explanation of the problem. The dentists have good skills and lovely manners'.

We saw that people were treated in a clean well maintained environment. Staff had been trained in safeguarding people from abuse and the provider had introduced procedures to minimise risk and promote the reporting of any concerns about abuse.

We found that only one complaint had been recorded in the service in the previous 18 months and that it had been dealt with in accordance with the practice procedure. We found that an effective complaints procedure was in place.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care and treatment. This service treated adults and children both privately funded and under a NHS contract.

We noted that the practice was not accessible to people who used wheelchairs and others with mobility difficulties. However, the registered manager told us that arrangements were in place with another local service which had level access to the building and treatment room. This was confirmed by documentation provided to people who used the service. This meant that the provider demonstrated due regard to eliminating discrimination, advancing and fostering good relations when carrying out their work, as part of their duty of care and legal obligations.

We noted that the reception area and waiting room were open plan. None of the people that responded using our questionnaires thought that this compromised their privacy. We noted that all conversations relating to health and treatment took place privately in one of the three consulting rooms. This meant that people's privacy was respected.

In the waiting room we saw that tariffs for treatment were displayed on the notice board. Next to the reception desk we noted that leaflets promoting dental and other health issues were available for people to take away. We saw that a number of dental accessories suitable for maintaining oral health were also on display. Some were for sale and others were free of charge. This meant that general information on oral and other health matters was readily available to people who used the service.

We found the staff in the practice to be friendly and very helpful to people who visited the practice. We noted that staff greeted people politely and appropriately. A member of staff told us, "The patients like that we give them a reminder about their appointments by phone. We also do our best to make to make them feel welcome and as relaxed as possible". In a recent internal survey, one person who used the service had commented,

'The dentists have good skills and lovely manners'. This meant that people were treated with dignity and respect in a suitable and professional environment.

We saw that people who used the service consulted privately with a dentist or hygienist in one of the three surgeries available. We noted that the reception and waiting room were remote from the consulting rooms and that conversations could not be overheard between rooms. This meant that people's right to privacy was respected.

The registered manager told us that all people including children were encouraged to be involved in making decisions about their treatment. They told us, "We have a range of resources like models and photographs to try to make sure that all our patients fully understand the treatment we are proposing. We don't carry out consultations with children or vulnerable adults unless a parent or carer is present to help us to communicate". This was confirmed by reference to people's treatment notes.

As part of the inspection process we reviewed the results of a current patient survey. People surveyed who used the service expressed confidence that treatment options were explained to them in clear understandable ways. Comments recorded included; 'I was given a very good explanation of the problem' and 'The dentists seem very honest about treatment'. This meant that people were informed fully about treatment options and that their rights regarding consent to treatment were respected.

We reviewed the notes relating to three people who had used the service very recently. We noted that the results of dental examinations and X- Rays were recorded on a computer database. A receptionist told us that all written records were eventually scanned into the service computer system.

We saw examples of three treatment plans that the service had provided to people recently. We noted that they included options for treatment and estimates of cost. The registered manager told us, "We tend to provide written treatment plans in more complex cases or where there are real options for treatment. This gives people an opportunity to think about when or if to go ahead. They need to be sure about their treatment".

We were shown examples of aftercare leaflets which the receptionist told us were provided to people following treatment or along with treatment plans for people to consider. We noted that these explained how to treat the symptoms caused by certain treatments, including extraction. This meant that people were treated with respect, well informed and involved in making decisions about their treatment.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

The registered manager told us that all new patients were asked to complete a medical history questionnaire a copy of which we reviewed. They told us that people who used the service were asked at the beginning of each appointment whether there were any changes to their medical circumstances. They said that existing patients were asked to complete a fresh medical questionnaire every year to make sure that no significant information had been missed. One person who responded to our patient survey wrote, 'They are very good at asking about your health and any medication you're on. I suppose this affects the treatment'. This meant that dentists had been made aware of any change in people's health before they began any examination.

We selected and reviewed the patient records of three people who used the service. We saw that the information gathered during the consultation processes had been taken into account in planning the individual's treatment. We saw that people's medical history and dental history had been obtained updated. We noted that a record of treatment plans and all work carried out including examination and diagnostic procedures, including X-Rays, were recorded either on computer or in written form. This meant that an assessment of people's medical history and dental care needs had been undertaken and documented prior to them receiving treatment.

As part of the inspection process we reviewed the results of a current patient survey. People had been asked what they thought about their dental practice. Many positive comments were made relating to the standard of care, welfare and treatment provided by staff at the service. Remarks regarding the best aspects of the service included; 'I have always been seen as an emergency within hours even though the practice is busy' and 'I have been treated by four different dentists at the practice over the years and they were all very gentle'.

There were arrangements in place to deal with foreseeable emergencies.

We noted that the service had a business continuity plan to deal with events such as

power failure, fire, flood etc. We reviewed the practice accident and incident book which was used for reporting adverse incidents and noted that three incidents had been recorded during 2013. We noted that in each case follow up action had been recorded. A dentist told us that any incidents or accidents occurring were fully discussed at staff meetings to ensure that all staff learned any lessons from the event. This meant people's safety and welfare was promoted and that steps had been taken to prevent any recurrence.

We saw that the service brochure advised people about precautions relating to blood borne diseases and confirmed that clinical staff in the service had been inoculated against hepatitis B, tuberculosis, polio and tetanus. We confirmed this in conversations with staff. We noted that the service had a step by step medical emergency plan displayed on the wall in reception for the information of staff. This included the staff responsibility to call the emergency services. Staff told us that they were familiar with the procedure and were able to locate the emergency equipment which was kept in the reception office. The registered manager told us all staff had been trained in basic life support and medical emergencies and we saw certificates which confirmed this.

We noted that the practice had a cylinder of oxygen and emergency medicines in place. We were shown records by the registered manager which demonstrated that the service emergency equipment was checked weekly. This meant that staff were trained and that arrangements were in place to support them in the event of a foreseeable emergency.

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

Our judgement

The provider was meeting this standard.

People who used 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

People who used 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.

In the waiting room we saw a notice which displayed current information on safeguarding and whistleblowing, including contact information. We saw that the service had a comprehensive guidance document on safeguarding people from abuse and a copy of the Department of Health document called 'Child protection and the Dental team'. We confirmed that the service guidance was compatible with local procedures. This meant that people who used the service and staff were provided with current information on how to report safeguarding concerns.

We asked people who had used the service to complete questionnaires about their experience. They all confirmed that they had felt safe while receiving treatment. One person had written, 'I always feel safe and they do their best to relax you'.

Training records for staff in the service confirmed that they had received training in safeguarding children and adults on 26 November 2012. Both of the staff spoken with were able to identify the types of abuse which could occur and indicators of abuse that they might encounter. Both demonstrated a good understanding of how to report safeguarding concerns and allegations. This meant that staff were trained and alert to safeguarding matters.

We saw that the service had a chaperoning policy in place. We noted that this covered aspects of safeguarding and the arrangements for children and vulnerable adults to be accompanied by a parent, carer or appropriate adult chaperone when attending the service. This meant that the provider had taken reasonable steps to protect people who used the service from abuse.

The provider responded appropriately to any allegation of abuse.

A review of the service records indicated that a concern had been reported by the service

to the safeguarding authority within the previous 12 months. This meant that the practice had responded promptly and appropriately to a safeguarding concern.

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.

Reasons for our judgement

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

People who used the service confirmed that they were provided with protective equipment such as aprons and glasses before treatment commenced. They informed us that dentists and nurses always wore gloves and masks and sometimes protective eye wear when undertaking their dental health care.

We noted that the practice was equipped with a decontamination room for use by staff from both all three surgeries. The registered manager told us that they were the infection control lead for the practice. They also told us that the service infection control policy and procedure had been based on national guidance to ensure that the risk and spread of infection was minimised.

We saw that the decontamination room was equipped with two autoclaves which were used to sterilise re-usable instruments. A nurse told us that instruments were scrubbed and decontaminated at the end of morning and afternoon sessions to ensure that sufficient instruments were available at all times. We reviewed the procedures and spoke with a nurse about what this meant in practice. They explained in detail the decontamination procedure that followed each session.

We were told that at the end of surgery used instruments were soaked in an ultrasonic solution, scrubbed and examined under a magnifying light. They were then placed in the autoclave by a dental nurse who wore appropriate protective clothing. The nurse said that the autoclaves were tested daily to ensure that sterilisation had been completed at the correct temperature. We saw records confirming that the autoclave had been cleaned and tested daily. This meant the provider ensured that decontamination of reusable instruments took place in appropriate facilities designed to minimise the risks that were present.

People were cared for in a clean, hygienic environment.

We noted that the service appeared very clean throughout and had recently been redecorated. The registered manager told us, "The practice is cleaned daily by clinical staff

who are properly trained. You saw the procedure that we go through in the surgeries and we are just as careful with the rest of the service". We noted that cleaning procedures were displayed on the wall in the decontamination room and that cleaning materials were stored safely and colour coded to prevent cross contamination when cleaning. This meant that staff were provided with detailed guidance to minimise the risk of cross contamination during cleaning procedures.

Staff showed us that all three consulting rooms contained a clinical waste bin. They told us that clinical staff were responsible for removing the clinical waste bags from the service and placing them in a lockable plastic wheelie bin at the rear of the premises. They also told us that clinical waste, sharps, amalgam, teeth and expired drugs were collected regularly by specialist waste contractors. Records were produced to confirm this. This meant that the provider had ensured that the cleanliness of the practice was in line with its infection control policy and that clinical and special waste was removed from the premises in accordance with their health and safety guidelines.

As part of the inspection we reviewed a Primary Care Trust infection control audit carried out in March 2013 which indicated that the service had scored an overall mark of 98%. Our review of staff training records confirmed that all staff had received recent training in Infection control. This meant people were protected from the risk of cross infection.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints that people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

On arrival at the practice we noted that the service complaints procedure was displayed on the noticeboard in the waiting room for the information of people who used the service. We reviewed the policy and saw that it contained the required elements. We saw that copies of the practice brochure were available on the reception desk for people to take away with them. We noted that the practice complaints policy was summarised on page three of the document.

A member of staff told us that complaint forms could be obtained on request at the reception desk in large print and easy to read versions if required. We confirmed that this was the case. We asked the registered manager what information on the complaints system was available to people who used the service but did not read English. They told us, "We don't keep copies of our procedures in other languages but will provide them on request. Our policy is to support our patients and if they feel that they must complain then we will help them". This meant that information and guidance on making complaints was available to everyone that used the service.

People's complaints were fully investigated and resolved, where possible to their satisfaction.

A dentist told us that the service worked closely with people and that decisions on their treatment were made by patients. They said, "We have only received one complaint this year and that was amicably resolved". People who responded to a CQC questionnaire all confirmed that they were confident that comments or complaints they made would be listened to and dealt with effectively. We reviewed the service complaints folder and examined the single recent complaint. We noted that the complaint had been dealt with according to the service procedure and that the complainant had been advised in writing of the outcome.

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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