

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

Wood Lane Dentistry

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9SJ

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Date of Inspection: 26 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
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Mr. Vikram Chugani
Overview of the service	Wood Lane Dentistry provides dental care privately to adults and through the NHS 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 26 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with four patients, a dental nurse, a dentist practicing on the day of the inspection, the practice manager and the practice owner.

Patients were satisfied with the treatment and care they received. Patients were informed about their oral health, provided with information on self care and given treatment options if required. A patient told us "I get a print out of my proposed treatment and the relevant costs".

Patient records contained appropriate information and were updated following consultations with dentists. The service was prepared for medical emergencies.

The practice was clean, hygienic and effective systems reduced the risk of healthcare associated infection. Relevant hygiene and infection control guidance was followed.

Staff undertook appropriate training and were supported to deliver effective care and treatment safely.

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.

Patient's privacy, dignity and independence were respected. Patient'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

Patients expressed their views and were involved in making decisions about their care and treatment. Patients told us they were informed about their dental and oral health and provided with treatment options. A dentist showed us treatment plans for patients which included treatment choices. Patients said they understood treatment costs before deciding whether to proceed with treatment. A patient told us "I get a print out of my proposed treatment and the relevant costs."

Patients told us the staff were reassuring and put them at ease. One patient said their dentist's demeanour had helped family members overcome a fear of going to the dentist. Another said "The dentist explains any treatment my child needs clearly to them."

The practice undertook a patient satisfaction survey. Patient feedback was used to make changes to the service. For example the service changed the layout of the reception during refurbishment, based on patient feedback from the survey.

Treatment room doors were closed when patients received treatment. Staff said patients' medical information was only discussed in treatment rooms. This ensured patients could discuss their treatment privately without other people overhearing. A dentist told us the surgery used identification codes on any notes passed between staff outside of treatment rooms to ensure patient's personal information was not compromised.

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 patient's safety and welfare.

Reasons for our judgement

Patients were satisfied with their care and treatment. Patients' needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. Patients were informed when they were due for check-ups. Check-up intervals were determined by dentists' assessments of people's oral health. Patient records contained medical information, information from check-ups, records of previous dental treatment, and plans for proposed treatment. A dentist confirmed they examined patient's dental health, soft-tissue and gum health during check-ups. We saw basic periodontal scores (indicators of gum health) were recorded for each patient.

Patients told us they were asked for updates on their medical history when they came for check-ups and this was discussed with the dentist. A dentist told us they would refer any concerns regarding patient's health to an appropriate specialist. One patient said "I know the dentist checks for any medical conditions because they referred me to a GP when they had a concern." Clinical staff told us they discussed relevant updates in clinical guidance during team meetings.

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 to use 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 cylinder for providing emergency oxygen to patients was within its refill and service date. The service had an up to date check sheet to ensure the automated external defibrillator (AED) was ready if needed.

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

Patients were cared for in a clean and hygienic environment. Patients told us the surgeries always looked clean. They said staff always wore appropriate protective equipment. We observed work surfaces, floors and treatment areas were clean. The practice had recently been refurbished, including installation of appropriate flooring, work surfaces and decontamination area.

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. After use instruments were soaked in an appropriate solution then transported in a sealed container to a designated decontamination room. There was a system to ensure dirty and clean instruments did not come into contact with one another. Instruments were cleaned manually and inspected before being sterilised. Instruments were labelled with a date of expiry when packaged before being stored in drawers. The provider might find it useful to note that decontamination staff did not have a long handled brush to scrub instruments under water as HTM:01-05 guidance suggests.

There were effective systems in place to reduce the risk and spread of infection. The service followed a recognised hygiene and infection control audit for cross infection which included an assessment of decontamination processes. The last audit was undertaken in November 2012 before the service's refurbishment. This meant the findings did not relate to the current environment or processes for hygiene and infection control. The practice owner informed us they would be undertaken the next audit on 3 October 2013, as the refurbishment had only been completed recently.

The service undertook checks required on their decontamination equipment. For example daily logs were stored for temperature checks on the sterilisers. 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. We saw staff were provided with vaccines against Hepatitis B where they were at potential risk.

There is a requirement in HTM:01-05 guidance for dental services to have a plan for working towards decontamination best practice. The service's recent refurbishment of the decontamination area was based on best practice guidance. The practice owner informed us they would undertake an assessment to determine whether the practice needed further planning towards meeting HTM:01-05 best practice.

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.

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

Reasons for our judgement

Staff had opportunities for professional development. Clinical staff folders contained certificates which counted towards dentists' and dental professionals' continuing professional development, including training verified by external trainers. Clinicians undertook the level of professional development required to meet the requirements of the General Dental Council (GDC). Registration certificates with the GDC were up to date.

We looked at five staff training folders. Staff received training in safeguarding children and adults, the Mental Capacity Act 2005, medical emergencies and clinical training relevant to dentists and dental professionals, such as radiography. Staff said they were provided with time to undertake training. We saw records of appraisals for dental nurses. The practice owner told us they provided informal appraisals with dentists who worked at the surgery. Staff said they felt supported by the service.

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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