

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

Quadrant Dental Practice

9 Upper High Street, Epsom, KT17 4QY

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Date of Inspection: 04 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
Complaints	✓ Met this standard

Details about this location

Registered Provider	Quadrant Dental Practice
Registered Manager	Mr. Stephen Frost
Overview of the service	The Quadrant Dental Practice is a family dental practice providing private treatment to patients. The practice provides general dentistry treatments for adults and children. NHS treatment is available to the children of adult patients.
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 4 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 visited the Quadrant dental practice to look at the care and treatment provided to people who used the service. During our inspection we spoke with three people who used the service, three dentist, three dental nurses and the receptionist. Five people completed a questionnaire for us. We observed two treatment sessions and looked at five patient records.

People told us it was easy for them to make appointments to see their dentist. They told us that they were treated with respect and their treatment was undertaken in private with the doors closed. One person told us, "Staff are very respectful."

People told us that their medical history was checked every time they had an appointment. They stated that they received a copy of their treatment plans with the estimated cost of the treatment.

They told us that the practice was always very clean and tidy. People told us that the dentist and dental nurses wore gloves and face masks when they were being treated.

People were complimentary about the care and treatment they received. They told us that they knew how to make a complaint but they had never had the need to complain.

We found the provider was compliant with the five standards we inspected.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them.

People who used the service informed us that the staff always treated them with respect. One person told us, "Staff are very respectful." Another person told us, "Staff are nice and they are polite." People told us that their treatment was undertaken in the privacy of the dental surgery with the door closed. We observed two treatment sessions with the permission of the dentist and the people. We saw that the door to the surgery was kept closed. This meant that people's rights to privacy and dignity were maintained.

We saw that information was available about the different treatments and dental care. These were in the form of leaflets in the waiting area. For example, information about tooth whitening. There was other information available in relation to oral care. For example, there was a leaflet about mouth cancer.

During our observations we noted that treatment options were discussed with people. For example, the dentist explained the dental treatment they would undertake for one person, but also explained another treatment option that the person could choose to follow if they wished to. This meant that people were given appropriate information in relation to their treatment.

We saw that a detailed price list of treatment displayed at the practice. Information was provided for NHS as well as private treatment costs. The opening times and emergency contact numbers were also displayed.

We saw that people who used the service were treated in a respectful manner throughout their appointment. For example, people were greeted in a polite and respectful manner by all staff. During our inspection we observed clinical staff engaging in polite conversations with people and addressing people by their preferred names.

Staff we spoke with told us that people were always allowed time to discuss and change

their minds about their treatment. This was confirmed in the questionnaires completed by people.

People told us that their treatment was fully explained to them during their consultation.

We saw that the provider stored people's treatment records on a computer that was password protected.

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 people's safety and welfare.

Reasons for our judgement

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

People we spoke with were complimentary about the care and treatment they received from all the staff at the practice. People told us that they received a copy of their treatment plan with the estimated cost. One person told us, "I am provided with a treatment plan that I sign. It tells informs me how much the treatment will cost." People informed us that they completed a medical questionnaire at their first appointment and this was updated on every visit. We observed this during our inspection.

During discussions clinical staff told us that treatment plans were discussed with people in the privacy of the treatment rooms. They told us that treatment plans with estimated costs were either provided to the person on the day or a copy was e mailed to them, whichever the person preferred. All the dentists we spoke with told us that a full medical history was obtained and updated at each appointment. We were told that health issues were discussed with people and recorded. For example, smoking and alcohol was discussed and the effects these could have on people's oral hygiene. This was confirmed during discussions with people.

We looked at five patient records during our inspection. We noted that a record of treatment carried out, including x-rays had been documented. We saw medical histories had been undertaken and updated on subsequent appointments. We saw treatment plans with costs of each treatment recorded in people's records and that advice had been provided to people as and when required. We noted that people had been involved in discussions about their treatment and lifestyles that would help oral hygiene. For example, we saw that the dentist had discussions with one person about their diet.

We were told by the provider, and saw during our inspection, that an electronic signature was being trialled at the practice. This would be directly recorded on to the treatment plans of the person. This would limit the need for treatment plans to be printed, signed and then scanned into the computer system.

We saw that the provider had an emergency medication kit and oxygen tank. We saw

records of monthly checks undertaken to ensure that the drugs were in date and the oxygen tank was full. We also saw records of an emergency that had occurred at the practice and the action taken by staff to deal with the emergency. This had a satisfactory outcome for the person concerned.

The provider and staff told us they had undertaken Basic Life Support training and this was refreshed every year. We saw evidence that this was delivered in January 2013. This meant that staff were trained and arrangements were in place to support people and staff in the event of an emergency.

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 told us that the surgeries and reception areas were always very clean and tidy. One person told us, "The practice is always incredibly clean and tidy." Another person told us, "The dentist and nurses always wear protective gloves when I receive my treatment." We observed this throughout our inspection visit.

During our inspection we saw that the treatment room was very clean and tidy. We saw that the treatment rooms were organised and had easy to clean floor surfaces. We noted that one treatment room had slight damage to the edge of a surface. The provider told us that he was aware of this and had plans in place to repair the chipped edge. We saw that daily cleaning schedules were in place for the treatment rooms.

Staff we spoke with knew who the lead person for infection control was at the service. Staff told us that they had received a signed and dated copy of the infection control policy. We saw infection control and decontamination policies at the practice. We saw that these included information in relation to blood borne virus, hand hygiene, instrument decontamination, reusable instruments and personal protective equipment.

We saw that sterilising of instruments was carried out in the treatment rooms. Each treatment room had a clean and dirty zone with sinks. Two dental nurses confidentially talked us through the decontamination procedures. They both had a good understanding of what was required in order to comply with the requirements of the Health Technical Memorandum (HTM) 01-05 Essential Quality Arrangements. We observed one dental nurse carrying out the decontamination process. We saw that the nurse was very proficient in carrying out this task. We saw that they wore protective clothing, including a face mask when cleaning the instruments. There was an electric magnifying glass for checking that all debris had been removed prior to instruments being placed in to the autoclave. This was where cleaned instruments were sterilised. The dental nurse, whilst showing us the process, also explained to us everything she was doing and why it was important to ensure all instruments were clean. This meant that people who used the service could be assured that staff were following up to date guidance in infection control. We observed a dental nurse cleaning the treatment room in between patients. This

included cleaning the treatment chair, all surfaces and changing the instruments used. We noted that the dentist opened a bag of sterilised instruments whilst the person was present in the treatment room for their treatment. This meant that the risk of cross infection was minimised.

We saw that records had been maintained each time the autoclave had been used. We also saw evidence that autoclaves had been serviced in line with the manufacturers' guidance. We saw that the practice had a contract with an external agency for the disposal of clinical waste and sharps

We saw Legionella risk assessments and records of regular testing of the water systems for Legionella, which is a bacteria risk in water or cooling systems. We were told that the waterlines were flushed with a cleaning agent and that waterlines were run at the start of each day. This meant that the service had taken the appropriate action to control Legionella bacteria.

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 and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

We did not ask people directly about staff training but people were complimentary about the staff.

During discussions clinical staff told us that they received training that enabled them to keep up to date with their continuous professional development (CPD) that was essential for them to register with the General Dental Council. We saw that the provider had maintained electronic records of the training all staff had undertaken and the dates when they required updating. We looked at three staff CPDs and saw these were up to date. Training they had undertaken included decontamination, basic life support and radiology. This meant that staff could demonstrate they were up to date with their professional development and working within their area of competency.

Staff told us that they completed a self-assessment appraisal of their work twice a year. This was then discussed with the dentist with whom they worked to appraise their performance. This was confirmed during discussions with one of the dentists.

We spoke to a recently employed dental nurse on the day of our inspection. They told us they had completed a two week induction training period that included shadow working with a qualified dental nurse. They did not have their completed induction training programme with them; however, we were shown a blank induction training record and the topics it covered during this training. The dentist for whom this person worked confirmed that they had completed their induction training.

We were told that weekly dentist meetings took place every Wednesday and staff meetings were held regularly at the practice to discuss any issues or training. We saw minutes of meetings that evidenced these took place.

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

Reasons for our judgement

People were made aware of the complaints system.

People who used the service informed us they had never had the need to make a complaint. Two people told us they would talk to the dentists if they were dissatisfied with any aspect of the service. One person told us, "I have been coming to this dentist for many years and I have never had the need to make any complaints."

We saw that a complaints procedure was displayed on the noticeboard. This provided people with information in relation to making a complaint, the timescales for dealing with a complaint and the contact details for the General Dental Council (GDC) and the Dental Complaints Service.

The provider told us that they had never received a complaint since they commenced. He told us that they had received many compliments.

We asked staff what they would do if someone made a complaint to them. They told us that they would try to resolve the issue with the person. If this was not possible they would inform the dentist concerned. We were shown a complaints leaflet that was kept in the reception area that was available for people who used the service. This meant that the provider and staff knew how to respond to complaints and made the complaints process available to people who used the service so their complaint could be resolved in a timely manner.

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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