

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

Hitchin Dental Centre

49 Ninesprings Way, Hitchin, SG4 9NR

Tel: 01462641111

Date of Inspection: 18 July 2013

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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
Safeguarding people who use services from abuse	✓ 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. Michael Greenstein
Overview of the service	Hitchin Dental Centre provides NHS dental treatment for children and private dental treatment for adults.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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

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Summary of this inspection

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 18 July 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

On our inspection we looked at four people's records and saw that in all cases these were completed consistently. We spoke with two people who used the service. They were positive about their experiences. One person said, "...the most relaxing dental experience."

We looked at how the service safeguarded people from abuse and saw that there were procedures in place with contact numbers for the relevant outside agencies. We spoke with four staff members who were aware of how to protect people.

We found that the premises were clean and hygienic. There were systems in place to ensure infection control procedures were adhered to.

We looked at four staff files and saw that the staff regularly up dated their clinical professional development. Staff supervision and appraisal had commenced in July 2013. Staff we spoke with told us they felt supported.

The service had some systems in place for monitoring and assessing the quality of service provision. We saw changes were made following staff meetings and suggestions from people who used the service.

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.

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

Reasons for our judgement

On our inspection we looked at four people's records and saw that in all cases these were completed consistently. We saw that treatment was explained and discussed at a consultation appointment prior to being carried out. People who used the service and staff we spoke with corroborated this. We spoke with one person attending their first appointment at Hitchin Dental Centre and they told us that the appointment was for consultation purposes.

We also saw that people's medical histories were recorded and reviewed at each appointment. We spoke with staff who told us, "The reception ask patients to review their notes and sign to confirm they are accurate, or new patients get packs sent to them so they have time to complete them. [The dentist] always double checks it."

Throughout the premises there was advice in the form of posters, leaflets and booklets about treatment options and cost of treatments.

We spoke with two people who used the service. They were positive about their experiences. One person said, "...the most relaxing dental experience."

There were arrangements in place to deal with foreseeable emergencies. All staff had received basic first aid training in March 2013. There were emergency medicines and first aid kits available for use which the manager told us they check monthly to ensure they contain the correct items. However, the provider may find useful to note that we did not see any records which showed this had been carried out.

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

We saw that the service had a policy for safeguarding adults and children from abuse. The policy identified who was at risk, how they might be at risk and what their rights were in regards to being safe from the risk of abuse. All staff had signed to state they had read and understood the policy.

The service also had a local authority safeguarding adults from abuse policy which included how to contact the safeguarding team. This included a letter with updated contact details for the local safeguarding team. Staff we spoke with were aware of how to locate these details.

We saw that safeguarding adults had been discussed with the staff team during a team meeting. The minutes showed that two staff members who had attended a safeguarding adult's course had given an overview of the course content. We were told that provision had been made for staff to complete on line training in regards to safeguarding adults from abuse. We spoke with four staff who were aware of this. One member of staff told us, "I have watched it online."

Staff we spoke with were able to tell us who might be at risk from abuse and what they would do if they were concerned. We were told, "I'd go to the dentist and discuss my concerns. If [the dentist] wasn't available then I'd use the numbers in the office." This meant that people who used the service were protected from the risk of abuse as staff had systems to follow and that they were familiar with them, should any concerns arise.

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.

We toured the premises and saw that it was clean and hygienic. There were cleaning schedules in place for each surgery before, during and after surgery. The dental nurses were responsible for their own treatment rooms. Staff we spoke with described the tasks they completed and this was consistent with the schedules we had seen. These included what areas were to be wiped down, the frequency in which tasks were completed and what product to use.

The service had a cleaning schedule for general domestic tasks such as the bathroom facilities, floors and reception areas. Staff members we spoke with were clear on what would cause cross contamination. One staff member we spoke with told us, "I have different brooms and buckets. We have a certain direction to sweep/mop in to stop any infection spreading."

The infection control lead nurse told us that their role was to ensure everyone worked within the guideline and they checked the knowledge of staff members. They told us they carried out an audit every 3 months. They told us, "I do it 3 monthly as it's important to keep a check on everything. I'm not happy if [the audit form's] not all ticked."

We saw that daily and weekly tests were carried out on the autoclave and these were recorded consistently. We also saw that the equipment had an up to date maintenance and service certificate.

The staff members we spoke with were clear on clinical waste storage and disposal processes to be followed.

We observed a decontamination process and saw that the staff member who completed the task was aware of the process and worked in accordance with the guidelines posted in the room. There were designated clean and dirty areas. They had the appropriate knowledge for the role and were able to explain the process in detail to us.

A member of staff we spoke with told us, "My [relative] has had treatment here and I'm

happy because I know everyone does everything they should and equipment is clean."

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

We looked at four staff training files and saw that each file included regular clinical professional development. There were certificates for updates for subjects such as infection control and certificates for personal development such as radiography.

We spoke with four staff members who told us that they had the opportunity to attend regular training and further education. One person told us, "[The dentist] is good. We let [them] know and we book it." We also spoke with the service's manager who told us that training updates and people's training requirements were discussed at team meetings. We saw meeting notes that corroborated this.

We saw that there were regular team meetings. The meeting's agendas and notes showed that there were several subjects discussed and also demonstrated support throughout the team. Staff members told us that they felt supported. One person told us, "I can talk to [the dentist] about anything, [they're] very helpful." Another staff member told us that they felt they had been very supported with issues they had needed to manage in their personal life.

The service had commenced staff supervisions and appraisals on 16 July 2013. Although they had not held supervisions prior to this date, we saw that they had started the process and the remaining staff members had dates scheduled for July and August 2013.

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 service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The service had a visitor's comment book in the reception. We saw that this had several entries which were all very positive with comments about the dentists, the dental nurses and the service in general.

There was also a suggestion box available for people to add anonymous feedback. We saw that a person had made a comment and this had been acted on by the service. The person stated that they had experienced a delay in getting a hygienist's appointment. We saw that this was discussed at the next team meeting and the result was the hygienist had increased the number of days they worked at the practice. The manager told us they had received a suggestion that the reception area was too hot. We saw that an air conditioning unit had been installed.

We looked at audits completed for areas such as infection control and treatment records. We saw that any shortfalls identified had been discussed during team meetings and then recorded as complete at the next audit. One example was for information on hand hygiene to be added to staff induction packs.

The service had an up to date complaints policy and procedure which was displayed in the reception area. We looked at the record for complaints and saw that the service had no recent complaints.

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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