

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

## Marlborough Dental Studio Limited

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2014

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Marlborough Dental Studio Limited
Overview of the service	Marlborough Dental Studio is a dental service operating in Marlborough for private 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

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### Why we carried out this inspection

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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 unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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On the day of our visit we were able to speak with two people who had attended the practice for many years. They said they were very happy with the service provided and had never had reason to raise any concerns.

One person said "I changed my dentist so I could come here. It has a good reputation."

People told us they were involved in all decisions relating to their treatment. They said they were asked whether there had been any medical changes the dentist would need to be aware of.

People said they could make appointments including emergency appointments easily. One person said "I can always ring and I know they will make sure I am seen really quickly. It really is excellent."

We were able to talk with two of the dentists, dental nurses, dental hygienists and the practice manager. A dental hygienist explained how infection control was managed within the practice. They told us every one in the service had received infection control training.

There was a large separate decontamination room that was well maintained, clean and hygienic.

The practice manager was well organised and had devised clear policies to ensure people were protected from the risk of infection. These included policies on infection control, inspection of water pressure vessels, waste management and hand washing.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

We spoke with two people who used the service who told us they were very satisfied with the service they received.

People said they were well informed of the options available to them. Everyone we spoke with said they were aware of how much treatment would cost them. One person told us "this is a very good service I would not go anywhere else."

A staff member told us they had patients who lived abroad and came for treatments on their visits home. They told us " we are very proud of our service and we get very good feedback from patients." They told us people were able to go home and think about the options available without being pressurised. We noted there were plenty of information leaflets located around the practice.

We saw the service could accommodate wheelchair users as one treatment room was on the ground floor. A staff member said they could access interpreter services if needed noted there was not a loop system at the reception to assist people who had a hearing impairment. Another staff member told us they were going to investigate getting such a system. A dentist we spoke with told us if people had specific needs they would generally be accompanied by a family member or a carer.

We asked if there was an option for people to speak about their treatment in private if they wished to do so. The practice manager told us there was several places people could go including an office on the lower floor where they could not be overheard.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We saw the staff at the practice were polite and friendly. People told us they could make appointments easily. One person said " I never have to wait long for an appointment. if I have an emergency then I know I can be seen on the same day."

We observed staff members greeted people warmly. People said they did not feel rushed during their appointments. One person said "the dentists spend lots of time with me. I have never felt there was a time issue. It's all done at a calm pace".

We looked at three patient's paper records. We saw the treatment plans could include detailed photographs of the work that was needed. A dentist told us "it is a very clear way of showing patients exactly what work needs doing."

We saw there was a system to alert the dental nurse or the dentist to important information about the person, such as whether they had a pacemaker fitted or if they were diabetic. We saw people were asked to complete a medical questionnaire annually and were asked at each appointment if there had been any medical changes since their last visit. The dentist said people were checked for signs of mouth cancer at every check-up.

People we spoke with told us they were given advice on oral health, which was recorded on the system.

The practice had appropriate drugs and equipment available in the event of a medical emergency. We saw the drugs were automatically replaced by the service provider. The practice manager said the system "worked well." We noted that all medicines seen on the day of our visit were in date. We saw staff had received training in the use of emergency equipment, which was updated annually.

The practice manager and the dental hygienist were well organised and had devised clear policies to ensure people were protected from the risk of infection. These included policies on infection control, vessels, waste management and hand washing.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection.

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**Reasons for our judgement**

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One person told us "it's always clean and fresh here."

There were effective systems in place to reduce the risk and spread of infection. We asked staff to tell us how they prepared the room between people and decontaminated the equipment. They told us the dentist's chair and other static equipment was thoroughly cleaned with antiseptic wipes between patients. All of the work surfaces were zoned to indicate if they were 'clean' or 'dirty' areas which reduced the likelihood of cross infection.

We were shown how instruments that required decontamination were processed at the practice. Used instruments were placed in the ultra-sonic bath after being inspected and rinsed. They were sterilised in the vacuum autoclaves. The instruments were removed from the steriliser, labelled, dated and put onto treatment trays. We saw there were robust measures in place to prevent cross contamination between clean and dirty equipment. A dental nurse told us they used "as much disposable equipment as possible."

We saw evidence equipment was maintained and serviced in-line with manufacturers' recommendations. The service had an up-to-date infection control procedure in place that was routinely followed by staff. The ventilation system in the room was effective and the air conditioning meant staff worked in a comfortable environment.

The service was compliant with 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. We noted appropriate infection control audits had taken place and there was a well maintained system in place for the removal of clinical waste.

Cupboards and general storage was well organised at the practice. The practice was clean and tidy throughout. Staff told us they wore protective equipment such as disposable gloves, aprons, masks and eye protection and were required to launder their uniforms daily. Staff also removed their uniforms before leaving the practice to reduce the risk of cross contamination.

The provider might find it useful to know the sinks in the treatment room had overflows. This meant there was a possibility of some residue debris in these areas. The dentist told us they were reviewing their use.

The practice manager and dental nurse were well organised and had devised clear policies to ensure people were protected from the risk of infection. These included policies on infection control, eye wash injury, waste management and hand washing.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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Patients were given a survey to complete after each visit to the dentist. We read their comments and these included "I have spoken highly of this service to all my friends... it's perfect. The text reminders really work. It's a friendly service."

Patients also completed testimonials in a book in the reception and their comments included " this was the most painless filling I have ever had.Efficient and friendly service."

The provider might find it useful to note the service was not completing any formal analysis of the findings from the feedback from patients. The practice manager told us they discussed the feedback at their monthly team meetings. They told us they intended to review the feedback form patients.

The practice manager told us they also audited patients' files to ensure they were working consistently. From this audit they found patient's medical histories were stored in different places. They decided to standardise the storage so they were more accessible. The practice manager told us "it wasn't a big issue but we are a developing service and we like to make sure we are working in the best possible way."

We saw that the practice manager monitored and analysed the levels of accidents, incidents, adverse events and complaints to ensure patients who used the service were safe.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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