

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

Parkhill Dent - Parkhill Road

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Date of Inspection: 16 May 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
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Parkhill Dent Limited
Overview of the service	Parkhill Dental Practice provides dentistry for people under an NHS contract. They also provide a range of private treatment options which are not available under the NHS.
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 16 May 2013, 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.

What people told us and what we found

Parkhill Dental Practice had two dentists, four dental nurses, a hygienist, a receptionist and a practice manager. This meant that there were a range of treatment options available for people.

The practice provided a service to approximately 12,000 people. The practice had three treatment rooms, with a fourth not in use. Treatment rooms were situated on the ground and first floors. This meant that people with limited mobility could access the service.

We spoke with seven people during our visit who were attending for treatment. All of them told us that they were satisfied with the service. One person said "It's improved a lot since I first started coming five years ago."

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

We spoke to five staff and two directors during our visit. We saw evidence that staff had received recent safeguarding training. Staff we spoke with had a good understanding of their safeguarding responsibilities. People attending for treatment told us that they felt safe at the practice.

The practice met mandatory standards on infection control set down by the Department of Health. Emergency and first aid equipment was in place. We found one item past its expiry date in the emergency drugs box.

Systems were in place to monitor the quality of service provision and to manage risk.

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

We saw that the front entrance to the surgery had a step up from the pavement into the courtyard followed by a further step up to the main door. One person told us "As a wheelchair user it is a bit awkward at the entrance because of the step. I have been coming here five years. I always use the ground floor surgery room."

We asked staff how they involved people in their treatment. One dentist told us "I discuss all options with the individual, explain what we are going to do before we do it, and obtain their written consent."

The practice had both male and female dentists. This meant that people had a choice of which gender dentist they would like treatment from.

The practice ensured that people were able to have emergency treatment at short notice if required. One person told us "I'm here for an emergency today. They booked me in within 24 hours, I was very happy to be seen so quickly."

We saw that the practice had a waiting room on the ground floor which also contained the reception desk. We saw that there was often more than one person waiting here during our visit to this busy town centre practice. Staff told us that they offered people the opportunity to speak with them in a spare surgery room or in the basement office if they wished to speak in private. One person we spoke with told us "I speak in private in the treatment room to my dentist."

The receptionist's computer screen was protected from unauthorised viewing as it was turned away from public view, and password protected. This meant that personal information was protected.

A patient notice board displayed information about the out of hours service, aims and objectives of the practice, complaints procedure and safeguarding information.

There was also information on display from a sign language agency and a multilingual

agency sponsored by the local authority. Staff at the practice spoke a range of different languages including Polish, German, Swedish, Czech and Slovak. This meant that there were a range of communication methods available to involve people of diverse backgrounds in their treatment.

We spoke to seven people who received treatment on the day of our inspection. All of these people were satisfied with the way they had been treated at the practice and said that they understood the care and treatment choices available to them. One person told us it was "a brilliant service" and another person said "I have 100% confidence in my dentist."

We saw that the practice had a system in place for obtaining feedback. There was a comments box with pens and forms in the waiting room. Posters and leaflets explained how to express concerns to the practice and also if required to the Patient Advice and Liaison Service, the Independent Complaints Advocacy Service and the Dental Complaints service. We looked at feedback comments received. One person had written "Staff are friendly and helpful."

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

We spoke with seven people who used the service on the day of our inspection. One person told us "My dentist always involves me in decisions about my teeth."

We observed one treatment taking place. The dentist treated the person receiving treatment politely and courteously. The dentist checked the person's medical history prior to examination to ensure accuracy and take into account any changes to their medical condition. This person told us "I'm petrified of dentists, but this one always sets me at ease."

We saw that the dentist identified a problem, explained it to the person being treated and discussed options with them. The person chose a treatment option and the dentist carried it out.

We looked at three people's treatment records. These showed that people's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. Appropriate consent forms had been signed by patients.

We saw that records were tailored to people as individuals in order to meet their needs. For example, warning signs were used on the computer system to alert staff to important information such as medical history information. This supported staff to help care for people safely.

We saw evidence that formal staff meetings took place every three months at the practice. We looked at the record of these meetings. We saw that at these meetings the staff discussed infection control, customer care and staff training. Dental nurse staff members we spoke with told us that the new Department of Health guidance issued on 1 April 2013 had been brought to their attention. This meant that the practice was sharing best practice with its staff and keeping up to date with the latest developments in dentistry.

There were arrangements in place to deal with foreseeable emergencies. A fire risk assessment had been completed by a professional contractor in November 2012. Staff had been trained in fire awareness and evacuation procedures in December 2012. We saw a log book which evidenced regular fire alarm checks.

The position of first aid kits made them easily accessible. The practice was following guidance issued by the UK Resuscitation Council. For example, we saw that the practice had emergency equipment bags containing the required first aid and oxygen equipment, together with an Automated External Defibrillator (AED). An AED is a device that can deliver an electrical shock to restore a normal heart rhythm.

We checked the emergency drugs bag and found that the adrenaline had expired in August 2011. We saw evidence that a replacement item had been ordered on 9 May 2013 and was due to arrive shortly. A member of staff told us that a mistake in the monthly checking system had been made. The provider may wish to note that all emergency drugs should be replaced prior to their expiry date.

We looked at the location of the emergency drugs bag and its overnight storage arrangements. The provider may wish to note that the emergency drugs bag should be stored securely overnight. When we brought this to the attention of the manager, suitable arrangements were put in place for its secure overnight storage.

We looked at training records and saw that staff had undertaken first aid training, cardio-pulmonary resuscitation (CPR), defibrillator training, dealing with clinical and medical emergencies. A first aid trainer had visited the practice and provided training to all staff on 2 May 2013.

Local Rules detailing safety procedures must be displayed on or near x-ray equipment in line with Ionising Radiations (Medical Exposures) Regulations 2000 (IR (ME) R). We saw that these Local Rules were on display in each treatment room.

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 there was information on a notice board and also in each treatment room about child safety and safeguarding vulnerable adults. We looked at the safeguarding policies at the practice. These included policies which covered safeguarding vulnerable adults, child protection, confidentiality, and whistle blowing. These policies contained local contact details and a clear process for staff to follow.

We spoke with five staff. They all demonstrated that they understood how to identify signs of abuse and that if they had any suspicions the steps they would follow. All of the staff we spoke with, which included dentists, dental nurses and reception staff, were aware of how to raise concerns outside of the practice if the need arose. All staff said they felt confident that the registered provider would take the action needed if any concerns were reported within the practice.

We looked at five staff files and saw that they had received safeguarding vulnerable adults and child protection training in February 2013. This included training on the Mental Capacity Act 2005 (MCA).

The MCA provides a legal framework that protects people who lack the mental capacity to make decisions about their life and welfare. The MCA ensures that when people are unable to express their wishes and decisions, a legal framework protects people's rights.

Staff we spoke to understood their responsibilities under safeguarding and the MCA. One member of staff told us "Safeguarding means protecting vulnerable children and adults."

All seven of the people we spoke with told us they felt safe at the practice.

The practice had a chaperone policy in place which meant that people under the age of 18 were required to be accompanied by a parent or guardian. We looked at people's treatment records and saw that consent for treatment for children had been signed by the parent or guardian.

The practice also had policies on confidentiality and equal opportunities. The policies were

in date and provided clear guidance to staff.

We looked at five staff files and saw that staff had received Disclosure and Barring (DBS) checks as part of their recruitment process prior to employment. These checks helped to ensure that people were protected from the risks associated with staff who were unsuitable to work with vulnerable people.

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

The communal areas and practice rooms were clean and tidy during our visit. Guidance on hand hygiene was on display at the practice. The toilet had hand washing facilities, paper towels and a hand dryer.

People told us they were satisfied with the level of cleanliness at the dental practice. One person told us "It's clean and tidy." Another person said "I'm very happy with the cleanliness."

We observed a treatment taking place. We saw that the dentist and dental nurse wore protective equipment during procedures which included gloves, aprons and masks. The surgery was clean and well organised. We observed cleaning of the surgery between cases. The dental chair, equipment and surfaces were cleaned using an appropriate technique and waste was disposed of safely.

The "Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM01-05) published by the Department of Health set out in detail the processes and practices essential to prevent the transmission of infections. We saw that staff were meeting expected practice and that the required equipment checks were performed. This included cleaning dental instruments in a separate decontamination room.

We saw that the practice was using the Infection Prevention Society's self assessment audit to monitor their infection control and identify risks. The last audits had taken place in June 2012 and in April 2013.

The provider may wish to note that HTM01-05 guidelines updated on 1 April 2013 by the Department of Health recommended that this audit be undertaken on a six monthly basis. Prior to 1 April 2013 completion of the audit was recommended on a three monthly basis.

The practice had scored 89% in its audit. A current action plan was in place to manage the risks identified. These included changes to clinical waste labelling, cleaning schedules and a legionella risk assessment. We saw evidence that these changes were being addressed.

We saw that the practice had a lead decontamination nurse responsible for ensuring staff understood and carried out their role in cleanliness and infection control. We spoke to staff in the decontamination room regarding their sterilisation procedures. They demonstrated a good understanding of the recommended practices. Personal protective equipment was in use including gloves, masks and aprons.

We saw that there was a clear flow from dirty to clean to help prevent cross contamination. We saw that the room had three sinks which included one sink for hand washing. This met best practice guidelines.

A window in the room provided natural light. Ventilation was provided by a wall mounted extractor fan and an open doorway. The room was well lit and ventilated which meant that effective cleaning and sterilisation could take place.

Staff showed us how dirty instruments were cleaned in the first sink, checked for any debris or damage and then placed in a washer disinfector. A working surface mounted illuminated magnifier was available for staff to check for residual contamination.

Following the washer disinfector, instruments were placed in the autoclave for sterilisation. When the cycle had finished instruments were checked again for any debris or damage on the instruments.

We saw that all instruments were dated with the appropriate expiry date. This showed that systems were in place which ensured equipment was safe and hygienic to use on people.

We saw records that showed appropriate checks were made on the equipment in the decontamination room on a regular basis. For example, records showed that the autoclave had been serviced in January 2013 and tested daily. This was in line with best practice.

We saw evidence that clinical waste was stored securely and disposed of safely by a clinical waste contractor. Staff told us that teeth containing amalgam fillings were disposed of in a safe manner in a sealed container collected by their contractor to prevent unnecessary mercury waste going into the environmental waste streams.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

The practice gained feedback from people by way of an annual survey and a comments box in the waiting room. We looked at the feedback received from the March 2013 survey. We saw that some people felt that the décor in the communal areas needed to be upgraded. All respondents had agreed that the dentists were helpful, caring and explained all the options. 98% said they would recommend the dentist to others. One person had written "I felt well informed and reassured by the dentist."

During our visit we spoke with two of the directors of the practice who told us that they acted on feedback received. For example, they showed us a draft of an annual improvement plan for the practice. Planned improvements for 2013-14 included a new entrance door, new chairs for the waiting room and in surgeries, a new balustrade on the stairway and refurbishment of the staircase. They also told us that a full redecoration of the communal areas was planned.

We looked at some of the audits and risk assessments completed at the practice. We saw that a fire risk assessment audit had been completed by an external consultancy in November 2012. We saw a Legionella audit had been completed in December 2012 and a Health and Safety audit completed by an external consultancy in November 2012. Internal audits included record keeping audits in November 2012 and medical history and consent audits. This meant that the practice regularly used quality checking systems to manage risks.

The practice had a complaints procedure in place. Information about making a complaint was on display on a notice board in a waiting area. We looked at recent comments and complaints. One person had written "My conversation wasn't very discreet at reception." We saw evidence that this feedback had been acted upon and privacy had been offered in a private room.

Staff told us that regular staff meetings took place. We looked at the minutes for the most recent meeting in February 2013. We saw evidence that the provision of privacy covers for computers had been discussed at staff meetings and was a planned improvement. These would provide an extra layer of protection in addition to the existing security and meant

that the service constantly sought to improve protection for its patient's confidentiality.

An incident reporting system was in place in accordance with the guidelines set down by the Health and Safety Executive (HSE). For example, we saw that needle stick injuries were recorded, followed up and measures put in place to reduce future risk.

The practice was well organised. All the documents we requested were made available. These included all of the policies and documentation mentioned in this report.

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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