

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

High Street Dental Centre Petersfield

34-34a High Street, Petersfield, GU32 3JL

Tel: 01730265580

Date of Inspection: 28 May 2013

Date of Publication: June 2013

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
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Whitecross Dental Care Limited
Registered Manager	Mr. Andre Jooste
Overview of the service	High Street Dental Centre Petersfield is registered with the Care Quality Commission to provide dental services to people in the local community.
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 unannounced inspection.

How we carried out this inspection

We carried out a visit on 28 May 2013, observed how people were being cared for, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke to five people who used the service and all of the people we spoke with were satisfied with the service they received.

We spoke to people in the waiting area and this was comfortable. People were able to relax before and after treatment.

People told us that they were able to make informed decisions. They said they had enough information to make a decision about their treatment options.

We were told that the dentist fully explained the options about any treatment they were being offered. People said they were able to ask any questions and that staff explained things to them clearly.

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

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. Whilst at the service we saw a range of patient information leaflets in the reception area. These included leaflets about the service, its staff, the costs of treatment and opening times.

People who use the service were given appropriate information and support regarding their care or treatment. We were told by people that they received a treatment plan and we saw copies of these. Treatment options were discussed with them and they told us the risks and benefits were explained to enable them to make an informed decision. We saw that treatment plans were signed by the people to consent to the treatment offered.

People told us that they were happy with the service provided. We were told the staff were friendly and that they were always treated respectfully. People said they knew how to make a complaint if they had any problems with the service.

We saw that the service had a policy on confidentiality and also a policy on diversity, equality and human rights.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People completed an initial medical questionnaire before any treatment was given. This asked for information about any medication they may be taking and also about any conditions that the dentist needed to be aware of. This information was kept on file and people were asked to check and update this information at subsequent visits. This meant that people's welfare and well being was promoted.

On the day of our visit there were two dentists providing treatment in separate surgeries. During our visit we received permission from one person to follow them through their treatment from arriving in the waiting room to leaving the service. This person had treatment with the dentist and during the consultations we observed the dentist explaining to the person the treatment that was taking place. When any questions were asked, these were answered clearly and any confusing terminology was explained. Following the consultations options for further treatment was discussed. This meant that treatment was centred on the individual person and considered all aspects of their individual circumstances and their immediate and longer term needs. People told us they had enough information to make a decision about their treatment options.

There were arrangements in place to deal with foreseeable emergencies. We were told that staff were trained in dealing with medical emergencies including basic life support and the use of defibrillators and we saw records to support this. The premises had emergency equipment available including a de fibrillator, oxygen, airways equipment and emergency drugs. Emergency packs were supplied by a specialist company and these were sealed when they were delivered. Daily checks took place and we saw records to support this. The practice manager told us that if any equipment or drugs were used he would contact the company who would then supply a new sealed emergency pack.

The receptionist told us that each surgery had an internal communication system and this would be used to ask for help in any of the surgeries. This could be for first aid assistance or for the emergency services to be called. This was dependant on the type and severity of the medical emergency.

Staff were able to explain to us the system for recording adverse events, accidents and

incidents and we saw the log where these were recorded.

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

On the day of our inspection visit the practice was clean and we saw appropriate personal protective equipment available and in use in all areas. The staff wore uniforms and appropriate personal protective clothing (aprons, gloves and masks) when performing dental treatment. People we spoke with told us that they had no concerns about the cleanliness and hygiene at the service.

There were effective systems in place to reduce the risk and spread of infection. The registered manager told us that there was a designated infection control person at the practice. However on the day of our visit they were not working. We saw that the practice had a copy of HTM 01-05 (Health Technical Memorandum for Decontamination in Primary Care Dental Practices). We also saw that cleaning schedules were in place and these gave information for staff on what was required before surgery began, what action to take after each patient and what was required at the end of the working day.

The provider told us that there was a contract in place with a cleaning company for the cleaning of communal areas and cleaning took place out of surgery hours. We saw there was a cleaning schedule which, included information on the type of detergent to be used in deferent areas such as surgeries, communal areas and toilets. There was also information about colour coded mops and buckets that should be used in these areas.

We saw that there were policies and procedures in place regarding infection control. The practice also had a policy and procedure for de-contaminating any equipment. We spoke to one of the dental nurses who was responsible for decontamination and serialisation of dental equipment. The dental nurse demonstrated to us how they checked and washed the instruments before they were sterilised.

The practice had two decontamination rooms. One was on the ground floor which serviced one surgery. The other was on the first floor and this was larger and serviced three surgeries. The first floor decontamination room had two hand basins in the immediate area. The room contained a machine for the initial washing and decontamination of equipment and two autoclave machines. (these are used for sterilising dental instruments). We were told and shown how the autoclave machines were tested each day and how the results were recorded after each cycle of use. We saw the records

which were kept for the tests in previous two weeks. This meant that people were protected against the risk of cross infection. We looked at both decontamination rooms on the day of our visit. We were told that the practice had a maintenance contract with the manufacturer who conducted six monthly and annual checks of sterilisation equipment.

The registered manager told us that all staff had received training in infection control and received relevant health and safety updates. Staff had clear roles and responsibilities with regards to infection control. We were told that as they were a small team they all worked together to ensure high standards of practice were maintained.

The practice had a policy for dealing with any clinical waste, and the disposal of any sharps and needles. There was also a policy and procedure for any needle stick injuries and staff confirmed they were immunised against the risks from blood borne viruses.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There was enough qualified, skilled and experienced staff to meet people's needs.

High Street Dental Centre Petersfield had four dentists, six dental nurses and two receptionists who worked flexibly at the practice. On the day of our visit two dentists, three dental nurses and two reception staff were working. We observed all staff working professionally and there was a friendly atmosphere at the practice.

Staff we spoke with told us that the staffing levels were suitable for the size of the service.

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

The practice had policies and procedures regarding quality assurance. We were told that audits were undertaken by the practice manager. Clinical audits were also undertaken by the local Primary Care Trust (PCT) who visited the service on a regular basis. We saw a report from the NHS Hampshire Advisory Team who visited the practice in October 2011. This report highlighted some areas for improvement. We saw that the practice immediately undertook remedial action to address the issues identified.

The registered manager told us that the provider employed an outside contractor to carry out annual risk assessments for the premises. These were updated by the practice manager as and when required.

A dental nurse told us that they were supported by the provider to keep up to date with their own professional development and for registration required by professional bodies.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that questionnaires were provided to people so that they could comment on the service provided, these could be submitted anonymously. Completed questionnaires were seen by the provider and they enabled changes to be made where necessary to improve the service for people.

The provider took account of complaints and comments to improve the service. We saw that the practice had a detailed complaints procedure which was displayed on the notice board and was available in the reception area. Complaints could also be made via the local PCT.

The registered manager told us that staff meetings took place and minutes were kept. This allowed staff to put their views forward on any issues they had and to discuss how changes could be made to help improve the service for people.

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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