Inspection Report

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

New Milton Dental Centre

18 Mount Avenue, New Milton, BH25 6NT

Date of Inspection: 26 June 2013 Date of Publication: July 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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Whitecross Dental Care Limited
Overview of the service	New Milton Dental Centre is operated by Whitecross Dental Care Limited and provides a general dental service that comprises preventative, restorative and some cosmetic dental treatments mainly for NHS patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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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 26 June 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with 11 people during our inspection who attended the practice for a check-up or treatment. This was in order to hear about their experiences of the service they received.

With their permission we also observed people receive treatment from four of the five dentists who worked at the practice at the time of our inspection.

All the people we spoke with expressed positive views about the practice although five people did express some concern about the number of different dentists that had worked at the practice in recent times. One person said, "I do wish they would not change so much as it is better if the dentist is someone you know".

People said staff were caring and competent. They told us they were contacted prior to and reminded of appointments. They said dental check-ups were detailed and if treatment was recommended they were given information about treatment options. They told us they were given written treatment plans which included the cost. They said emergency treatment was usually arranged within 24 hours of requesting an appointment and often on the same day.

People said they thought the premises were clean and hygienic. The provider had measures in place that ensured people were protected from the risk of infections.

Staff had undertaken training that was appropriate to the work they performed..

There were arrangements to check the quality of the service provided and that the provider's procedures were followed properly.

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 dignity was respected and their views and experiences were taken into account in the way the service was provided.

Reasons for our judgement

People who used the service understood, expressed their views and were involved in making decisions about the care and treatment choices available to them.

The provider had an information brochure about the practice. It included details about available treatments, appointments, emergencies and opening hours.

There were a range of posters and other material on display in the waiting area. They included information about the registered provider, their complaints procedure, NHS costs and fees for treatment provided under private arrangements.

People we spoke with told us their dentist explained what they were doing when they carried out checks ups or provided dental treatment. One person said, "I like the way he shows you what is wrong using a mirror, you can see why you need a filling".

Our observations of four people who received either a check-up or treatment confirmed what people told us. We saw people were given comprehensive details about any problems, treatment options and costs to enable them to make an informed decision about any treatment they required.

We also saw that people were provided with a treatment plan that included costs and advised to take time to think about options before making a final decision.

This all showed that people who used the service were given appropriate information and support regarding their care or treatment.

We spoke with the senior dental nurse who had lead responsibility for infection prevention and control at the practice. They told us that if they knew a person had a blood borne virus they would not treat them any differently to other patients. They said this was because the universal infection control procedures followed by the practice meant it was unnecessary.

This showed that people were not subject to discrimination.

There was a ramp at the rear of the practice premises to provide easy access for wheelchair users and there were also two treatment rooms on the ground floor of the practice. The reception desk had two levels with a lower level that enabled wheelchairs users to see and communicate easily with reception staff. A suitable toilet was available for wheelchair users. It had been fitted with grab rails in order to promote people's independence and safety.

Other features that showed the provider promoted diversity, equality and human rights included the following.

There was an induction loop system in the premises that had been installed to assist people with hearing problems.

The provider's written policies and procedures included policies about, equality and diversity, confidentiality, disability and consent to examination and treatment. We also saw that a policy about safeguarding vulnerable adults included reference to best interests decisions made on behalf of people who lacked capacity.

Although the reception and waiting areas were open plan staff told us that if people wanted to discuss any issues in private this could be done in treatment rooms.

People said if they needed urgent treatment this was arranged quickly. They also told us that it was easy to make appointments for treatment at times convenient to them. We noted that the practice opening hours were from 08:00 to 20:00 hours. One person told us they thought the speed with which an appointment could be arranged was better that their GP. Several people told us they thought the opening hours were particularly helpful for those in employment.

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.

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 we spoke with told us they received thorough check-ups and were given advice about dental care and hygiene. They told us treatment options were discussed with them. People said they were regularly asked to update information about their medical histories. Our observations of four people who received either a check-up or treatment confirmed this. We saw that advice about oral hygiene was provided and demonstrated to people such as the use of dental floss or inter-dental brushes.

We spoke with and observed one person who attended for their first visit. The dentist discussed the person's medical and dental treatment history with them. The person received a detailed examination that included x-rays. The need for some treatment was identified and discussed with them. We looked at the practice's computerised record system following our observation and we noted that everything had been recorded.

We looked at the records of the three other people we had observed. They showed that details were recorded of every visit they had made to the practice. They showed what was found at check-ups and if applicable what treatment had been agreed and provided. The records showed that check-ups included examination of soft tissue and teeth for gum disease, oral cancer, decay and jaw function.

The practice's computer system enabled significant health issues to be highlighted. This meant information about anything that could compromise a person's dental treatment such as the use of anticoagulant medication was readily available.

We saw an example of advice that was given to people following treatment. It was "care of the mouth following extractions". It set out what people should do if bleeding persisted and what activities to avoid for a period of time. The practice manager told us they often telephoned people the same or following day after an extraction in order to check how they were.

We spoke to one person who told us they had been given a lot of guidance and advice

about what to expect and how to manage with their new dentures.

This showed that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

There were arrangements in place to deal with foreseeable emergencies.

We spoke with ten staff during our inspection. They all told us they received annual training in basic life support and managing medical emergencies. Records we looked at confirmed this.

Equipment appropriate for managing medical emergencies such as oxygen cylinders, masks, automatic external defibrillators (AED) and medication were readily available. They were kept in the reception area and in a treatment room on the first floor of the premises. Records we looked at showed that the drugs and equipment were checked regularly to ensure they were in date and safe to use.

Cleanliness and infection control ✓ Met this standard

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.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

People we spoke with told us they thought the premises were kept clean and hygienic and dental care staff took precautions they expected to see. One person we spoke with said, "They always masks and gloves and give me glasses to wear".

The practice had access to an edition of a Department of Health document published on 31 March 2013 called "Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM01-05). It describes in detail the processes and practices essential to prevent the transmission of infections and ensure clean safe care. It also set out two standards of compliance for dental practices. These were the "essential quality requirements" that they had to meet and "best practice" which were ideal and desirable. Dental practices are expected to be fully compliant with the essential quality requirements.

The following evidence showed that the standard of best practice had been achieved.

There was a range of relevant written infection control policies and procedures. These included decontamination of instruments, disposal of waste, cleaning frequencies, hand hygiene and management of blood borne viruses. This meant there was relevant guidance and information for staff to refer to.

A dedicated decontamination room was used for and a decontamination technician employed to carry out most of the cleaning and sterilisation of dental instruments.

Dental instruments were transported in covered boxes from the practice's four treatment rooms to the decontamination room.

There was a clearly defined dirty to clean workflow in the decontamination room. Two separate sinks were in place for washing and rinsing instruments and equipment included

two ultrasonic cleaners, two hand-piece lubricators a washer disinfector and two vacuum sterilisers.

An illuminated magnifying glass was used to inspect instruments after they had been washed and disinfected. This was to ensure there was no residual contamination, debris or damage before they were sterilised.

We saw that sterilised dental instruments were stored appropriately and safely.

Records we looked at showed that the full range of tests, validation and servicing were carried out on equipment used for cleaning and sterilising instruments. This ensured they worked effectively and safely.

We saw that "daily surgery checklists" were completed in each treatment rooms. They set out the frequency with which equipment and areas of the practice were checked and cleaned at the start, during and end of each session.

Infection control procedures were regularly checked or audited to ensure they were followed properly. The most recent had been completed on 21 June 2013. We saw that an action plan had been developed as a result of the audit.

We observed four people either receiving check-ups or treatment. During these sessions we noted dental care staff used protective clothing and equipment appropriately such as gloves and masks. We also saw that equipment and surfaces were cleaned between each person who saw a dentist and at the end of a treatment session in accordance with the daily surgery checklist.

Documents we looked at showed that clinical and other hazardous waste produced by the practice was managed properly. They also showed there was a programme in place for renovation and repair work to two of the four treatment rooms and the decontamination room.

Staff told us they received regular training about infection control and instrument decontamination. Records we looked at confirmed this.

Supporting workers ✓ Met this standard

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

People we spoke with told us they had confidence in the abilities and competence of the staff at the dental practice.

One person said, "The treatment I have had is excellent".

Another said, "The treatment is brilliant. I had root canal treatment recently and there was no discomfort afterwards. I would not have known I had it".

We noted the following comment from a person in a "patient feedback" pamphlet dated 20 June 2013. "I am absolutely amazed at the care given to me. He saved a tooth that was absolutely rotten and is the best dentist I have ever had and I have had a dozen over 40 years".

Staff received appropriate professional development and support.

At the time of our inspection there were three qualified dental nurses, one close to qualifying and three trainee nurses employed at the practice.

We saw the portfolios of two of the qualified dental nurses and they showed they had undertaken training/continuous professional development that was necessary to enable them to remain registered with the General Dental Council.

One of the trainee nurses told us they were working towards their qualification with a specialist training company. They told us that an assessor visited them every month in order to observe them and monitor their progress. They also said they attended training days at the training company's head office.

We saw documentary evidence that showed all the self-employed dentists that worked at the practice were currently registered with the General Dental Council. In order to remain on the register dentist are required to undertake 250 hours of training over a period of five years.

Staff told us that the provider had recently established an on-line training academy. They said they could complete a range of on line training courses. We saw records that showed staff had completed training in subjects such as child protection, safeguarding vulnerable adults, information governance and infection control.

Staff also told us that a new system had been introduced by the provider of an annual appraisal and six month performance review. They also told us that monthly practice meetings were held and they found these helpful for raising and discussing issues. We saw documentary evidence of reviews and monthly meetings.

We were assisted with our inspection by the practice manager and one of the provider's compliance managers. They told us that until recently staff supervision had been on "ad-hoc" basis but regular performance reviews had now formalised the support staff received. They also told us there was a system of personal improvement plans in place that could be implemented if required. They included targets to be achieved, advice and additional training.

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 regularly check and monitor the quality of the service people received.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and the provider took account of complaints and comments in order to improve the service.

During our inspection we noted that staff asked people to complete questionnaires ("patient feedback" pamphlets). The questionnaire invited respondents to comment about a range of issues including making appointments, involvement in decisions about dental care, satisfaction with dentistry received cleanliness of the premises and helpfulness of the staff. We looked at a sample of 24 completed questionnaires that had been completed during June 2013. We saw that the vast majority of responses indicated that people were satisfied with the service they received.

We saw that information about the provider's complaints procedure was on display in the practice's two waiting areas. The practice manager showed us the computerised complaints recording system that enabled progress with complaints to be tracked and monitored.

We were assisted with our inspection by one of the provider's compliance managers. She told us that she visited the practice every month and checked that the provider's procedures were being followed. She said that she produced a report of these visits.

A report of an annual "practice check" visit carried out in November 2012 showed that a comprehensive audit of the practice had been undertaken. It also showed that action plans had been implemented where the need for improvements had been identified. The report showed these plans had been followed up. The report contained a long list of actions that had been taken as a result of an earlier practice check visit. They included the completion of outstanding radiography/x-ray audits, all staff completing safeguarding training and the location of mercury spillage kit in the reception area. This meant that learning from

incidents/investigations took place and appropriate changes were implemented.

Apart from the regular audits carried out by the provider's compliance manager other audits were carried out by dentists, the practice manager and dental nurses. They include audits of clinical records, the quality of x-ray images and infection control procedures. These showed that measures were in place to check and monitor the quality of the service provided.

Potential risks to people's welfare had been assessed and identified to enable measures to be put into place to manage them. The risks included fire and the potential hazards in the premises. Measures to manage the risks included fire safety equipment, staff fire safety training and drills, legionella tests and treatment, asbestos survey, regular maintenance of the premises and contracts for the removal of hazardous waste produced by the practice.

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.

Contact us

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