

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

Whitecross Dental Care Bournemouth

169 Tuckton Road, Tuckton, Bournemouth, BH6
3LA

Date of Inspection: 17 February 2014

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2014

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
Safety, availability and suitability of equipment	✓	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	Mrs. Tracy Bird
Overview of the service	Whitecross Dental Practice is owned and operated by Integrated Dental Holdings (IDH) and offers general and cosmetic dentistry treatments to NHS and 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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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 17 February 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, talked with staff, received feedback from people using comment cards and reviewed information given to us by the provider.

What people told us and what we found

We saw that patients who were offered a choice of appointments that suited them. Patients told us that they were aware of their treatment plans and the fees involved. They also told us that they felt safe, the surgery was clean and they were respected at all times.

We looked at several patients' records and treatment plans and found them to be detailed and unique to each person. There were appropriate measures in place to deal with foreseeable emergencies. We observed three treatment sessions and found that appropriate assessments were carried out and treatment that was delivered was safe.

The staff had received training to ensure that patients were treated in a safe environment. There was personal protective equipment to protect people from the risk of infection and any equipment used was sterilised. The equipment used in the surgery was serviced and maintained in accordance with manufacturers' guidelines.

Patients 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.

The provider had effective systems in place to identify, assess and manage risk associated with the service.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

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.

Patients privacy, dignity and independence were respected.

Reasons for our judgement

Patients who used the service were given appropriate information and support regarding their treatment. We saw that relevant information was clearly displayed around the practice. This information included NHS and private dental fees, the complaints procedure and how people could provide feedback through the NHS choices website. The appointment cancellation policy and the opening times of the practice were also displayed along with oral health and after care information leaflets.

We spoke with two patients who told us, "I received a text reminder for my appointment" and, "I am aware of my treatment plan". We spoke with the staff who explained that appointment times were printed off and given immediately and reminders were also sent by text message or telephone call. We heard the staff make two telephone calls to remind patients of their forthcoming appointments. We also observed that patients were offered a choice of appointments that suited them. The patients were spoken to with respect at all times.

Patients understood the treatment choices available to them. We spoke with the dentist who explained that they discussed treatment plans with the patients. This included the procedures and costs involved and the outcomes the patient should expect. We spoke with three patients who confirmed this and added that they could go away and think about it before making a decision.

We looked at patient records and saw that treatment plans were given in writing and were also stored on the computer system.

Patients diversity, values and human rights were respected. We saw that the doors to the dental surgeries were closed whilst treatment took place. This ensured that the dignity and privacy of patients was respected. We also saw that a hearing loop was available for people who had hearing difficulties. There was a ramp that helped patients who used wheelchairs to enter and exit the premises.

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

Our judgement

The provider was meeting this standard.

Treatment was planned and delivered in way that was intended to ensure patient's safety and welfare.

Reasons for our judgement

Treatment was planned and delivered in a way that was intended to ensure patients safety and welfare. Reception staff explained that new patients were given a medical history form to complete as well as the registration form. This information was then typed onto a computer record for each patient.

The dentist told us they confirmed with the patient that the information was correct and they reviewed the information with the patient on each visit. With permission from the patients, we observed three treatment sessions. During all of the sessions the dentist asked if there had been any changes in the medical history and also asked if there were any concerns or issues since the last visit. We observed the dental nurse update the records accordingly.

We saw that the dentist was made aware of any medical conditions or allergies that could affect patient care and treatment. This was done with alerts that flashed up on the computer system and also highlighted on the patient's paper record.

Patients' needs were assessed and treatment was planned and delivered in line with their individual treatment plans. We spoke with the dentist who explained that after speaking with the patient and going through the medical history form they completed a full mouth assessment of the patient. Findings were then explained and various treatment options were discussed. A treatment plan was then completed with the input of the patient.

We spoke with three patients who confirmed that this happened on each visit. We saw evidence that showed that records of the mouth assessment and treatment plan were stored electronically and in writing.

At each of the three treatment sessions we observed, the dentist asked if there had been any concerns or issues since the last visit. We saw that they completed a full mouth assessment and discussed the findings with each patient. The patients were free to ask any questions they wished. The dentist gave explanations in terms that a person without relevant medical knowledge would understand.

Treatment was carried out with consent from the patients and we saw the dentist continually reassure the patients throughout the treatment sessions. Appropriate aftercare advice and recall advice was given to each patient.

There were arrangements in place to deal with foreseeable emergencies. We spoke with six members of staff who explained that they had been trained to deal with medical emergencies and had completed cardiopulmonary resuscitation training (CPR) on an annual basis. We examined the staff training records that confirmed this. We saw that there were also two members of staff who had completed a first aid at work course on 29 January 2014. This ensured that there was always somebody on site to respond to any first aid emergencies.

Two sets of emergency medical equipment, one of which included an automated external defibrillator, was in place behind the reception desk and in one of the dental surgeries. All of the staff we spoke with knew where to find this equipment. Records showed that this equipment was checked on a regular basis to ensure that emergency drugs were in date and that equipment, such as emergency oxygen, was in full operational order.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Patients 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

Patients 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.

We spoke with staff who understood the term 'abuse'. They explained the different types of abuse and what steps they would take if they suspected abuse had taken place.

Staff were aware of who to contact in the practice and also how to contact the relevant local safeguarding teams. We saw that safeguarding children and adult procedures were displayed in the practice and contact details, that included phone numbers for the different safeguarding departments, were clearly visible.

We saw that there were up to date policies in place for safeguarding children and the protection of vulnerable adults. We examined staff training records and found that the staff had up to date training in safeguarding procedures.

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

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The practice had access to the current Department of Health document published in 2013 called "Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM01-05). The document describes the processes and practices essential to prevent the spread of infections and ensure clean, safe care. It also sets out two standards of compliance for dental practices. These are "essential quality requirements" which are compulsory and "best practice" which are ideal and desirable.

We observed three patient treatment sessions and saw that the staff were aware of effective hand hygiene procedures. They used appropriate personal protective equipment for themselves and the patients. This equipment included gloves, aprons and eye protection.

The staff explained and demonstrated the procedures for cleaning the surgery after treatment had taken place. We were also shown the decontamination and sterilisation procedures for the equipment that had been used. After equipment had been sterilised it was pouched, date stamped and stored appropriately.

A sharps injury procedure was displayed for the staff in the decontamination room. This listed clear guidelines for staff to follow in the event of a sharps injury. Relevant contact details were also on the procedure. This ensured that staff would be protected from any blood-borne viruses. All of the staff had up to date immunisations to protect them against the risk of infection.

Daily checks of decontamination equipment were carried out and recorded in accordance with manufacturer's guidelines. This ensured that machines were working correctly.

We saw evidence that a daily infection control and cleaning checklist was in place. There was clear written guidance that listed staff roles and responsibilities in infection control.

Six monthly infection control audits had been carried out and we saw that the last audit had taken place in December 2013.

Clinical waste was stored and disposed of appropriately with the provider keeping consignment notes on file in accordance with the clinical waste regulations.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

Patients were protected from unsafe or unsuitable equipment.

Reasons for our judgement

Patients were protected from unsafe or unsuitable equipment because the provider had taken the necessary steps to ensure that equipment was serviced and maintained.

We looked at the service and maintenance records for the equipment used and found it was maintained in accordance with manufacturer's guidelines. Daily checks were carried out and recorded correctly and there were in date service certificates for all equipment.

The provider had procedures in place to deal with equipment failures and faults to ensure continued running of the service to patients. We spoke with the staff who were all aware of how to report and log faulty equipment.

The staff demonstrated the correct use of all the equipment within the practice.

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 patients using the service and others.

Reasons for our judgement

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients using the service and others. There were policies and procedures for dealing with medical history, data protection, safeguarding, infection control and health and safety. We saw evidence that these policies were regularly updated and they had been signed by all members of staff to confirm they had read and understood them.

Regular audits were carried out for health and safety, infection control, clinical waste and patient and clinical records. This meant the provider monitored the service to ensure that they were continuing to comply with appropriate legislation and guidance.

We saw that patients were able to provide feedback and comments using the drop box at reception. We saw evidence that showed the provider analysed the results of any comments received and implemented any necessary changes.

A complaints policy was clearly displayed. There were procedures in place to ensure that any complaints were dealt with appropriately, in a timely manner and to a satisfactory conclusion to all those involved.

We saw that weekly fire alarm checks were carried out and that fire drills took place at least twice yearly. This ensured that the staff were able to safely evacuate the premises in case of emergency.

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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