

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

Health House Dental Practice LLP

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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
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	Health House Dental Practice LLP
Registered Manager	Dr. Elizabeth Allcock
Overview of the service	Health House Dental Practice provides private dental treatment to adults and children.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

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 15 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our visit we spoke to four people who use the service, a dental nurse, two dentists and the receptionist. One person told us that the staff were helpful, understanding and sincere.

People we spoke with told us they were satisfied with the information they received. One person told us they were, "Always given options and advice"

We observed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. One person told us they were treated with 'respect'.

There were arrangements in place to deal with foreseeable emergencies and effective infection control systems were maintained to reduce the risk and spread of infection.

There were enough qualified, skilled and experienced staff to meet people's needs. A person told us; "Staff are excellent".

The provider had an effective system to regularly assess and monitor the quality of service that people received. Results from a 'patient satisfaction survey' that was carried out in September 2013 indicated consistent and high satisfaction. Comments made by people included, "Very pleased with professionalism of staff and treatment". Whilst another comment was, "Always a good experience".

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.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment.

During our visit we looked at examples of information available to people who used the service. We saw a display of practice leaflets which included information about appointments, emergency treatment, patient confidentiality, complaints and opening times.

We saw that the practice had oral health information leaflets on display in the waiting area. The practice also had a website which detailed opening hours, contact details, treatment prices and described the different types of treatment available to people.

Dental practice staff told us people were given full information about why treatment was needed. : Treatment options were explained to people and this included the risks and benefits associated with treatment. We saw this when we observed consultations with three people. We saw two examples of people's dental treatment plans which were each been signed by the person who used the service. These detailed proposed treatment and cost breakdown.

Patients we spoke with told us that they were satisfied with the information they received about treatment options, cost and dental services provided by the practice. One person told us, "The dentist always discusses my options for treatment and we agree a way forward". Another said, "My treatment is fully explained, all options printed out and priced and the decisions up to me".

People's diversity, values and human rights were respected. We saw that the service had a policy on confidentiality and also a policy on diversity, equality and human rights. 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 asked the provider about access for disabled people as the practice was based on the first floor (above a doctor's surgery). The dentist told us that a new patient's mobility requirements were always discussed when they made initial enquiries about joining the practice and should the stairs be an issue they were supported in finding a different dentist that was better suited. This was also confirmed by the receptionist.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The practice staff told us that people's medical history was reviewed and updated as necessary at each visit. We observed three consultations and saw dental staff complete a health review with each person at the beginning of their consultation. Health information was uploaded onto the computer system by the dental nurse while the dentist spoke to the patient.

A dental nurse told us that personal treatment plans were written following a person's initial consultation with the dentist. We were told that information about available treatment options and costs were explained by the dentist together with any risks and benefits associated with their treatment. We observed a person receiving dental treatment in line with their treatment plan and we were shown that the plan had been signed by them to confirm their consent to treatment. This person told us they were always given, "Options and advice".

There were arrangements in place to deal with foreseeable emergencies. We saw that the practice had a written 'emergency collapse procedure'. We also saw that the practice had emergency first aid equipment and an emergency medicine kit. On the day of our visit we observed that all emergency medicines kept, were within the stated use by date. We saw records that showed emergency medicines expiry dates were audited monthly so that medicines could be replaced before it went out of date.

We saw that the practice did not have a defibrillator (this is a piece of equipment used to shock a person's heart back into its normal rhythm). We were told by the dentist that they had arrangements with the GP surgery downstairs who agreed to share their equipment in an emergency.

The dentist told us that all staff were trained in dealing with medical emergencies and that Cardio Pulmonary Resuscitation (CPR) refresher training courses were completed annually by all practice staff. We saw training records that confirmed that all the staff received 'medical emergencies' training in 2013. Staff we spoke to demonstrated an

understanding of the procedure to follow in a medical emergency.

We saw information about emergency 'out of hours' treatment in the patient information leaflet and on the practice's answer machine and website. The dentists told us that they provided 'out of hours' treatment on a rota basis when the practice was closed.

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 cared for in a clean, hygienic environment.

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

Reasons for our judgement

People were cared for in a clean, hygienic environment.

People who used the service used words such as, "Perfect", "Excellent" and "Very good" to describe their opinion of the cleanliness there.

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

We saw the practice's annual infection control statement (dated December 2012) and associated policy. We were told that all staff received infection control training. Records confirmed that all the clinical staff who worked at the practice had received infection control training in August 2013.

The dental practice had one clinical treatment room and a separate decontamination room. The treatment room was clean and well maintained and had adequate separate hand-washing facilities.

The decontamination room was also clean and well maintained. It housed sterilisation equipment which included an autoclave machine (this is a piece of equipment used for sanitising dental instruments) and a washer disinfector. The practice followed daily validation checks to ensure this equipment was operating safely.

Clean and dirty instruments were kept separate in clearly defined areas. The practice dental nurse showed us the process they followed for decontamination of instruments and cleaning of equipment. Their instrument decontamination process included rinsing, scrubbing, checking, rinsing, sterilising and bagging of instruments.

We saw that a daily infection control check list that was followed by staff and that daily decontamination logs were kept. We were shown the checklist and saw checks on the treatment room were recorded at the beginning and end of each day. Areas cleaned included the chair, equipment, work surfaces and floor. However, we could not see evidence that checks on the standards of cleaning by staff were made by the infection

control lead.

We saw a policy and procedure for any needle stick injuries and staff were immunised against the risks from blood borne viruses. We saw that bins were used for the collection of sharp instruments. These were labelled correctly in line with the Infection Control Society guidance.

We saw that the practice carried out infection control audits (Infection Control Society) every six months. The infection control lead told us that staff were responsible for the cleaning of communal areas and followed written cleaning plans. However we could not see evidence that checks on the standards of cleaning were made by the infection control lead. We were told that all the checks required would be started straight away.

We saw that there was a cleaning schedule in place. We saw information on display about the colour of mops, cloths and buckets that should be used when cleaning the different areas of the practice. We saw that each colour of cleaning equipment was segregated when not being used.

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

On the day of our visit we observed that the practice had two resident dentists, a dental nurse, and the receptionist working.

Records we reviewed demonstrated that dental staff attended mandatory refresher training including safeguarding, infection control and medical emergencies.

We observed all staff worked professionally and there was a friendly atmosphere at the practice. Staff we spoke with told us that they felt that staffing levels were suitable for the size of the service. They also said they were well supported by the practice management. One said, "Both dentists are always ready to offer support, advice and praise and constructive criticism (but in a good way)!" Another member of staff said, "I always feel my views are listened to and feel they (dentists) value my comments and welcome my suggestions".

The practice ran a 1:1 ratio of dentist to nurse in its treatment room.

People who used the service told us they were treated well. One patient said, "Staff are excellent". Another said, "Staff are helpful".

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Staff working at the practice told us that their opinions and suggestions were taken on board. One staff member told us about their 'patient feedback' idea that was adopted. This involved a statement a month that was displayed by the practice entrance. People were encouraged to give their opinion on the statement by voting with a plastic disc to say they 'agreed', 'disagreed' or 'were not sure'. We saw a statement displayed and voting discs available. Results of previous month's statements were also displayed on the practice notice board. These included 100% positive feedback (92 people) in September 2013 said people had "Complete confidence in the dental team".

We were told that following patient feedback the practice moved its reception and waiting areas to the first floor (the practice shared its reception area with the GP surgery on the ground floor). One person said they were, "Very pleased with the reception area and the friendliness of the receptionist".

We saw the results of the practice's September 2013 patient survey which indicated consistent and high satisfaction. Feedback included, "Very good service, advised well how to look after my teeth," and, "They (staff) have banished all my fears".

The provider took account of complaints and comments to improve the service. There were procedures in place to regularly assess and monitor the quality of service provided. The practice had a written complaints policy and procedure for the handling of people's complaints. People we spoke told us they had never had any reason to complain and felt they could approach staff to express any concerns if they needed to. We looked at the complaints log and procedure. We were told that the practice had not received any complaints since it opened in 2009.

We were shown a number of audits that were conducted at the practice. These included the practice's emergency equipment, dental equipment maintenance and fire risk assessment.

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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