Inspection Report

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

Hayes Dental Surgery

33 Pickhurst Lane, Hayes, Bromley, BR2 7JE Tel: 02084621347

Date of Inspection: 20 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
Records	✓ Met this standard

Details about this location

Registered Provider	Miss Rosanne Hubert
Overview of the service	Hayes Dental Surgery provides private preventative and cosmetic dentistry services to adults, and children are offered free NHS services. The home is situated in the borough of Bromley Kent.
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'.

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 20 June 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

We spoke with seven people using the service and they all told us that they were happy with the care provided and that they were treated with dignity and respect. One person told us that the care provided was an "excellent service". Another person said it was a "really good surgery". All the people we spoke with told us they were involved in their treatment planning and their views were taken into consideration. People described the service as being clean and "immaculate". Staff were described as being supportive during care and treatment including comments such as "gentle", "pleasant" and "helpful".

We found that people were able to express their views and were involved in making decisions about their care and treatment. We also found that the provider had policies and procedures in place to ensure cleanliness within the practice and protect people against the risks of infection. Staff were supported with their professional development including up-to-date training and appraisals. The provider had systems in place to assess and monitor the quality of the service people received and ensure that accurate records were maintained.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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. We spoke with seven people using the service who all told us that they were actively involved in their individual treatment planning including being fully aware of the treatment costs before it was delivered. One person said that their dentist "never makes a move without my involvement " and another person said that "treatment options are fully discussed and I have time to think about it" before making an informed decision. The practice manager provided us with an audit undertaken in October 2012 of care records on patient care involvement. The audit showed that patients were consulted on their treatment needs, treatment options were provided and reasons for diagnostic test and assessments were also explained to patients. This showed that the provider had systems in place to ensure that people using the service were respected and involved in their care and treatment.

The two dentists we spoke with demonstrated an understanding of the importance of patient involvement and seeking a person's preferences before care and treatment was delivered, as well as acting upon the decision. For example both dentists confirmed that their routine practice included explaining the benefits and risks involved of proposed treatments to ensure that a person had adequate information to make an informed decision about their treatment. One dentist showed us that people using the service could view their x-rays and treatment records on the screens available in the clinical suite. Dental nurses were able to demonstrate an understanding of maintaining patient privacy and dignity during consultations and gave examples of how this was respected; for example closing the door when treatment was being provided. We observed that the reception layout also enabled staff to maintain people's confidentiality in the surgery as there was a separate waiting area away from the receptionist desk.

People who use the service were given appropriate information and support regarding their care or treatment. We looked at six people's clinical records and these showed that

people had been involved in the decision-making process regarding their dental treatment. A signed copy of their treatment plan was given to the person using the service and a copy retained on their records. This ensured that the person using the service was aware of the care and treatment they had agreed to. People who use the service told us that staff were kind and helpful with regard to the support provided during their consultation. We saw that the dental practice had a range of information about the services available which were accessible to people using the service. We saw records to show that the practice had provisions to use interpreting services when a person's primary language was not English; however the manager told us that this service had not been accessed recently as they had not had a requirement. This showed that the provider had taken due regard to people's cultural and linguistic needs.

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 and protected their rights.

Reasons for our judgement

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services when a person's primary language was not English; however the manager told us that this service had not been accessed recently as they had not had a requirement.

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 gave positive feedback on the cleanliness and hygienic practices of staff within the surgery. For example one person said it was "very clean when I visited", another said "spotlessly clean" and they had noticed that "staff open new things in front of me" with regard to single use of instruments. During our inspection we observed that the premises and clinical rooms were visibly clean and well maintained and that staff wore clean clothing. There were adequate provision of hand hygiene facilities such as hand wash basins, wash lotion, and disposable hand towels. Hand hygiene and infection control notices were also displayed for both staff and people using the service throughout the practice.

There was a daily cleaning schedule in place which detailed the standard of cleaning required within the practice. The records were dated and signed to confirm that this was happening and staff we spoke with explained which areas were to be cleaned such as the dental chair and surfaces, as well as how they cleaned the clinical rooms between patient consultations. Staff meeting minutes for February 2013 showed that dental nurses had been reminded of their cleaning responsibilities in clinical areas and staff had up to date training with regard to infection and control and decontamination from the records looked at. This ensured that staff followed consistent procedures with regard to minimising the risk and spread of infection.

We observed that staff undertook the decontamination of instruments in line with the provider's policy and procedures. They wore appropriate personal protective equipment including masks, eye cover and disposable aprons. The dental nurse demonstrated the process of hand washing, glove changes, washing and scrubbing instruments, inspection of the instruments under a magnifying glass, wiping down the surfaces and disposal of personal protective equipment in the correct bin. These practices ensured that the equipment used was always cleaned appropriately to prevent the risk of cross infection. We saw that staff had signed documentation to evidence having read and understood the decontamination policy. Records were also available to demonstrate staff had appropriate immunisation for Hepatitis B.

The provider had policies and procedures in place that related to infection prevention and control and legionella management. The provider had recently commissioned a Legionella check in February 2013 and at the time of our inspection was awaiting the report of this audit to show they met the Legionella guidance. We noted that the provider had commissioned a Legionella risk assessment in February 2011 and action had been taken to address issues identified in the risk assessment. For example, the risk assessment had recommended that the provider had a policy in place and a responsible person must be detailed in the policy.

The practice manager explained their role as the designated infection control lead in the practice. They showed us the regular audits carried out to ensure that the provider was compliant with the Department of Health essential quality requirements. The checks shown included daily and weekly autoclave testing to ensure that equipment was working properly before the sterilization of instruments and weekly water management records. There were waste audits and an infection prevention audit had been undertaken in April 2013. We saw that there were arrangements in place for the appropriate storage of clinical and non-clinical sharps waste. These arrangements ensured that the prevention and control of infection was monitored.

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

Staff received appropriate professional development. The seven staff records we looked at showed that all dental care professionals held valid registrations with the General Dental Council (GDC) and some professional indemnity insurances details were available on file. Records of staff member's continuing professional development were maintained by the provider in line with the requirements of their regulatory body and an audit undertaken by the practice manager to ensure that all staff had met the requirements for registration. The audit included monitoring of staff attendance at mandatory training relating to medical emergencies, disinfection and decontamination, radiography and radiation protection. The training records that we looked at showed that most staff were up to date with their mandatory and refresher training and this was also confirmed by the staff we spoke with. This ensured that people had their care delivered by trained and competent staff.

The provider had suitable arrangements in place to ensure that staff were supported to carry out their role effectively and to provide safe care and treatment. We found that individual appraisals and supervision sessions for staff were regularly being undertaken and records were maintained to reflect the matters discussed. For example the records we saw evidenced that staff competency in meeting their individual responsibilities and providing care was discussed, including training needs and support in meeting individual goals. Staff we spoke with told us that management was very supportive and that there was an open culture within the practice where people felt able to raise issues and or concerns about their role and were treated with respect. Staff also confirmed having received an induction at the start of their employment which they felt adequately clarified their responsibilities and supported them to deliver safe care and treatment. We also saw records of periodic team meeting minutes where topics related to clinical practice and the provider's policy and procedures were discussed.

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 regularly assessed and monitored the quality of service that people received and had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider sought the views of people using the service by undertaking patient satisfaction surveys. The results of a survey completed on 31 December 2012 showed that people who use the service were satisfied with the care provided. For example 95% of people said they were always treated with dignity, gentleness and care by the dentists and other staff members, 93% stated the practice was always clean, comfortable and tidy and a further 93% felt their opinions was always taken into account when treatment options were discussed and agreed.

The provider took account of people's comments to improve the service provided. Feedback showed that 68% of people knew how to make a complaint about their treatment and the provider told us that this feedback had been acted on. For example the provider ensured that information related to the complaints process was now contained within the patient information guide and displayed in the practice notice board. The practice's complaints lead explained the process involved if an individual made a compliant. We were told that the provider had not received any complaints within the last 12 months from people using the service. Staff told us that the frequency of hygienist's appointments had been increased to every other Saturday and Thursday evenings in response to people's feedback.

We found that the provider had regularly assessed and monitored the quality of service that people received and had taken action to address any improvements that had been identified. The quality assurance records that we looked at showed that a number of periodic checks were undertaken in line with the frequency specified by the provider and the Department of Health. These checks included audits of prescription and emergency drugs, quality of radiographs, safe use of x-rays, waste management and health and safety. Where improvements were required the provider had taken action and implemented the necessary improvements. For example a staff member sustained a steam burn when removing instruments from an autoclave and the action taken was documented in the accident book and discussed with staff as part of learning from an untoward incident.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. Staff told us that every person who used the service had a clinical record in place and information relating to their individual care and treatment provided was documented. The six clinical records we looked at all included information relating to people's medical histories, examinations and treatment plans and that this was updated at every consultation. The practice manager told us that a record card audit was periodically carried out to check that adequate information was recorded. For example a record of a discussion with the patient about the treatment, a copy of the signed treatment plan and that radiographs were clearly labelled and dated. The record keeping audit carried out in February 2013 showed that the five dentists scored between 92% and 99% with regard to the accuracy of their record keeping. Recommendations were made where information was not recorded and had been implemented.

Records were kept securely and could be located promptly when needed. We found that people's electronic records were only accessible to authorised staff by logging on the computer with a unique username and password. Paper records were also maintained and kept in fireproof and lockable cabinets in an area restricted to staff members only. This ensured that people's records were safe and remained confidential. We saw that practice management records including staff records and people's clinical records were organised methodically and were promptly provided when requested during the inspection. The patient notice board also contained information making people aware of how their personal information was stored and maintained confidential.

Records were kept for the appropriate period of time and then destroyed securely. We found that the provider had secure systems in place for the storage, retention and disposal of confidential records. For example we saw records to certify that in June 2012 and April 2013 the provider had commissioned an external company to securely dispose records in accordance with the Data Protection Act 1998. The staff we spoke with had an understanding of the need to archive people's records in line with the provider's retention schedule and ensure that they were securely destroyed.

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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