

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

## Avenue Road Dental Practice

Avenue Road, Freshwater, PO40 9UT

Tel: 01983759567

Date of Inspection: 12 November 2013

Date of Publication:  
November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Mr. Philip Lewis
Overview of the service	Avenue Road Dental Practice offers a range of private treatments to adults and children.
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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	5
Care and welfare of people who use services	7
Cleanliness and infection control	9
Supporting workers	11
Assessing and monitoring the quality of service provision	13
<hr/>	
<b>About CQC Inspections</b>	15
<hr/>	
<b>How we define our judgements</b>	16
<hr/>	
<b>Glossary of terms we use in this report</b>	18
<hr/>	
<b>Contact us</b>	20

## 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 12 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

---

### What people told us and what we found

---

We spoke with four patients. Three had all been with the practice for many years. Patients told us they were very happy with the service provided. One commented "I have no worries; everything is always explained to me". A new patient told us "I needed a lot of treatment; it was made clear to me what was needed and how much it would cost". Patients said they found it easy to get an appointment when they wanted one and were usually seen at their appointment time.

Patients who used the service understood the treatment choices available to them and received written information about treatment and costs. They experienced effective, safe and appropriate care and treatment which met their needs and protected their rights. The provider had all the necessary systems in place which ensured patients were cared for in a clean and hygienic environment. Patients were cared for by staff who had completed relevant training and were supported to deliver care and treatment safely and to an appropriate standard. The quality of the service patients received was regularly assessed and monitored.

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](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

---

### Our judgement

The provider was meeting this standard.

Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Patients who used the service understood the care and treatment choices available to them.

---

### Reasons for our judgement

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Discussions about treatment occurred in the treatment room and were private and confidential. A room adjacent to the waiting area was also available. The dentist told us they used visual aids such as photographs to help explain why treatment was required and what this would entail. The dentist had photographs of the outcomes of previous treatments they had provided. This enabled patients to be more aware of the possible results of treatments, helping them to make an informed decision. Where treatment was required, we saw people had been given a written treatment plan detailing what treatment would be advised and how much this would cost. This ensured people fully understood the reasons for, and relevant options of any treatment before they agreed to it.

We spoke with four patients. They all said they were told about recommended treatments, including any risks, and were provided with a chance to ask any questions before agreeing to any treatment. One commented "I have no worries; everything is always explained to me". A new patient told us "I needed a lot of treatment; it was made clear to me what was needed and how much it would cost". Patients were given information about the practice and the treatments provided via the practice website or the written information all new patients received. Further information was also available in the waiting area.

Other than in emergencies, patients would be able to consider treatment plans prior to booking appointments and attending for treatment. This would allow time to consider any options. We saw patients signed a consent form before treatment. On one patient record viewed we saw verbal consent had been recorded as having been obtained. This was because treatment was required immediately. Patients therefore received all necessary information about the practice and any proposed treatments.

Where patients did not have the capacity to consent, the provider acted in accordance with

legal requirements. Discussions with clinical staff showed they had an excellent understanding of the Mental Capacity Act and how this legislation should be applied in the dental setting. Clinical staff were clear they would not provide treatment if they had any concerns the person did not understand and agree to the planned procedures. This meant treatment was delivered in accordance with the best interests of the patient.

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

---

**Our judgement**

---

The provider was meeting this standard.

Patients who used the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights. Patient's health information was known and discussed with them at each visit. Emergency procedures and equipment were available and staff had completed emergency training.

---

**Reasons for our judgement**

---

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare. We were told patients completed an initial health questionnaire when they registered with the practice. We saw a copy of the health questionnaire which was comprehensive. We looked at two patient records. We saw existing medical conditions and information such as medication were recorded on patient's records. An audit of health questionnaires had been completed. This showed health questionnaires and updates had been completed for all patients reviewed. We were told as a result of this audit there had been changes made to include an area for updates on the reverse of the written medical information form.

We spoke with four patients. They told us the dentist asked them about any changes in their medical history or medication taken at the start of each consultation and prior to any treatment. This meant the staff were always aware of any risks to patients and would ensure they were safe during consultation and any treatments. The dentist and nurse told us how they had researched a particular medical treatment to establish how this may affect planned dental treatment. This showed clinical staff were aware of what may cause a risk to people and took appropriate action to ensure people were safe to receive treatment.

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual plan. Three of the patients we spoke with told us they had been with the practice for several years. They said they were very happy with the treatment they received. Patients confirmed checks of their mouth and gums for oral cancer were completed. The dentist explained how this was recorded on dental records. We saw this has been completed on the two records viewed. All parts of the practice were on the ground floor with level access from the high street making it accessible to people with limited mobility. Accessible toilet facilities were also available. There were therefore no risks posed to patients by the environment.

Patients were given written information about aftercare reinforcing the information the dentist had provided them with. We were shown the information leaflet which would be

provided to patients who had had a tooth removed. The dentist described how they used photographs and models to teach patients how to look after their own oral hygiene. Therefore patients were given appropriate information to help them promote their own health and prevent complications from treatments.

The nurse described the procedures for dealing with referrals to specialist services such as the local hospital dental service. We saw there were systems to track referrals. All x-rays were assessed when taken to ensure the quality was adequate for diagnostic purposes. We viewed the records of these audits which showed the quality of x-rays had always allowed a diagnosis to be made. Systems were therefore in place to ensure patients received the treatment they required.

Patients told us they were able to get appointments when required. One told us they had seen the dentist the previous day, required treatment and been offered an appointment the day of our inspection. Reception staff said they were able to offer emergency appointments and the dentist would work into their lunch break if required. The dentist told us they had an arrangement with a nearby dentist to cover emergencies when they were on leave or training. Patients were provided with information about out of hours emergencies via the practice answerphone. This information was also available on the practice leaflet and outside the practice entrance. This ensured people received appropriate emergency advice and were able to access care when the practice was closed.

There were arrangements in place to deal with foreseeable emergencies. We were told staff were trained in dealing with medical emergencies and saw the dentists training certificates of emergency procedure and first aid training. This training was provided to all practice staff yearly. We were told the next update was booked for January 2014. Emergency first aid equipment, portable defibrillator, a dental emergency medication box and oxygen were available. These were readily accessible should they be required. There were systems in place to replace medication approaching "use by" dates and to ensure the equipment was in working order. Records seen showed emergency equipment was checked weekly to ensure it was working correctly. Fire detection and fighting equipment was seen. Administration staff told us this was checked monthly and recorded in the office diary. Discussions with the dentist and other staff showed they had arrangements in place as to who would do what in an emergency. This ensured, if required, staff were able and equipped to deal with medical and other emergencies.



**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. The provider had a system in place that regularly monitored decontamination and infection control practices and standards.

---

**Reasons for our judgement**

---

There were effective systems in place to reduce the risk and spread of infection. The practice, including treatment rooms, waiting areas and corridors were clean at the time of our inspection visit. We spoke with the dental nurse and dentist about cleaning procedures. The nurse maintained a record of the daily checks they completed on equipment and action taken to prepare the treatment room ready for patients. They also described the procedures which occurred to ensure the treatment room was cleaned and prepared between patients. We observed these procedures which were as described by the clinical staff. The procedures were appropriate to reduce any risks of infection between patients. We saw all necessary personal protective equipment such as gloves, disposable aprons and masks were available and in use when required. The nurse was responsible for cleaning clinical areas with non-clinical areas being cleaned by contract cleaners.

The nurse was the lead for infection control. The practice did not have a separate decontamination and sterilisation room. These procedures being carried out in a designated area of the treatment room between patients. The nurse showed us how instruments requiring decontamination were processed. They demonstrated how instruments were cleaned, checked and sterilised. There was a clear procedure to ensure clean and dirty instruments did not come in contact with each other. Once cleaned and sterilised instruments were bagged and dated. The dentist and nurse were aware of recent changes to the length of time bagged instruments could be stored for. This showed they kept up to date with new information about infection control. Once decontamination and sterilisation had occurred all equipment was stored appropriately within the treatment room. The nurse checked all instruments three monthly to ensure they were within use by date and packaging was intact. Records were maintained of these checks.

We observed instruments were appropriately transported to the treatment room by the hygienist in a covered container. These had already been cleaned and were ready for sterilisation. The procedures demonstrated and described to us ensured instruments would not be used unless they were suitable for use. We saw records to confirm equipment used during decontamination and sterilisation procedures was checked daily prior to use ensuring it met the necessary operating standards. This ensured equipment and sterilised instruments would be safe and suitable for use.

The nurse referred to relevant infection control national guidance when talking about infection control showing they were aware of the guidance. They were in the process of completing an infection control audit. They stated where issues were identified an action plan would be developed. Work had been commenced to provide a separate decontamination room. The dentist stated they were waiting to see if anticipated updated guidance contained any additional requirements before completing the room. Once completed all decontamination tasks would be transferred to the new room. The provider was therefore taking action to ensure best practice guidance was known and followed.

We saw evidence staff had completed infection control training. The nurse told us how they had been shown infection control procedures as part of their induction. They told us they had access to relevant guidance. Discussions with the nurse and dentist showed they were aware of infection control issues and how these should be managed. Staff were therefore aware of infection control issues and monitored how this was managed on a regular basis.

There were systems and contracts for the safe disposal of clinical waste. We were shown the secure external area where clinical waste was stored pending collection by the disposal company. The provider may find it useful to note bagged clinical waste was a risk as this was accessible to rodents. Once we identified the concern, the provider stated they would take the action necessary to ensure rodents could not access this waste.

**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.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Staff, including the dentist, received regular training to ensure they had the skills required to maintain patient safety.

---

## **Reasons for our judgement**

---

Staff received appropriate professional development. We were shown certificates showing the dentist had attended training for their role. Certificates showed they had received ongoing training in many areas including medical emergencies, radiology, safeguarding vulnerable adults and children, infection control and decontamination training. They had also completed a range of update training in dental procedures. The dentist attended and lectured at conferences enabling them to keep up to date with dental practices. We saw evidence the dentist had attended sufficient relevant training and was exceeding the requirements of their registration and continued professional development. We saw they had supporting evidence ready should this be requested when they renewed their registration with the General Dental Council.

The nurse had been employed for approximately six months. They told us about their induction during which they had worked with the previous nurse for two weeks. They felt this had been useful to help them refresh their knowledge as they had been out of dental nursing for several years. We saw a written plan had been developed for their induction covering a range of relevant topics. The nurse had commenced recording training they were now completing. We saw certificates to confirm their dental nursing qualification and other training they had undertaken whilst working for the local NHS hospital in another capacity. Discussion with the nurse showed they were aware of the requirements for training to ensure they were able to maintain their registration with the General Dental Council (GDC) and continue to practise. They had a good knowledge of safeguarding vulnerable people and the Mental Capacity Act. The nurse told us they were now registered with an on line dental nurse training site which would allow them to complete all necessary training. This demonstrated the provider was supporting staff to access relevant training.

Staff received appropriate support. We were told the nurse was about to have their appraisal as they had been at the practice for six months. This would help identify any further training and development needs. The nurse told us they always worked with the dentist and were therefore always supervised during clinical interventions. Formal staff supervision had not occurred. However, the practice was small therefore staff were constantly being supervised by the dentist and included in all staff discussions and

meetings. We were told informal staff meetings occurred on a daily basis and formal staff meetings were held whenever there were any issues to discuss. Staff told us if they had any concerns they would discuss these with the dentist, nurse or administrator. Staff were therefore supported to ensure they were able to perform their roles.

## 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 patient receive. 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.

---

### Reasons for our judgement

Patients who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw a suggestion and comment box in the waiting room. We were told only one suggestion had been received and this had been acted upon. We were shown questionnaires completed by patients. These were viewed and showed patients were very happy with the quality of care they received and felt they had information to help them decide about treatments. Some added additional comments such as "all the staff are kind and attentive". We saw the administrator took time to speak with patients following treatment whilst booking their next appointment and asked if everything had been all right. This gave people the opportunity to raise any informal concerns. People's views about the service were therefore sought in a variety of formal and informal ways.

Discussions with the provider showed they were familiar with legislation and relevant guidance. They were aware of recent changes in infection control guidance and aware further updates were planned. The provider was taking action to move decontamination and sterilisation of instruments to a separate room as recommended in best practice guidance. The provider had therefore taken action to ensure the practice was compliant with relevant legislation.

We saw audits were completed to monitor the quality of the service provided. Specific audits had been completed such as record keeping, medical history, referrals and radiographs. The nurse was also completing a full infection control audit. We saw, where issues were identified, action had been taken to rectify the problem. For example, when the first record keeping audit had been completed in June 2013 a number of issues were identified. The subsequent audit in September 2013 showed these issues had not been repeated. As a result of the medical histories audit changes had been made to the form to make it easier for people to update their information. Therefore action had been taken as a result of audits to improve the service to patients. There were plans to repeat all audits at appropriate intervals.

There were systems in place to ensure equipment was regularly serviced and well

maintained. We saw decontamination equipment was checked daily with records maintained which we viewed. The accident and incident log showed there had been no adverse incidents. We were told that had any occurred these would have been reviewed to determine if action could be taken to prevent a reoccurrence. There were systems in place to monitor the service provided and action was taken, when required, to ensure people received a safe effective service.

The provider took account of complaints and comments to improve the service. The practice had a complaints policy and procedure. This was provided to new patients and available in the waiting area. We spoke with four patients none of whom had any concerns. They stated they would talk to the dentist, nurse or the receptionist if they had any concerns. Discussions with staff showed they would aim to resolve any issues before they became formal complaints. We were told no complaints had been received. A system was therefore in place to receive, record and manage complaints.

## 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

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---