Inspection Report

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

Maxted Meaden Dental Practice

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Tel: 01322523813

Date of Inspection: 25 February 2013

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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
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Maxted Meaden Dental Practice
Registered Manager	Mrs. Megan Grace Barton Davies
Overview of the service	Maxted Meaden Dental Practice provides private dentistry to both adults and children. It is a three surgery practice located in a converted residential property. The practice is staffed by four dentists, three hygienists, two nurses, three receptionists and one practice manager.
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 25 February 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 to two patients during the inspection. Both had been longstanding patients of the practice. Both were unanimous in stating that they were very happy with the service they had received. They also advised us that they always felt that their views were taken into consideration, charges for treatment were transparent and that they were involved in decisions regarding their treatment. They complimented the practice on its cleanliness and friendliness. Both stated that they would and have already recommended the practice to friends and family.

We observed that the practice had a friendly atmosphere and that staff were courteous and polite. The practice made effort to ensure that patients had access to information regarding their treatment and actively sort the views of their patients. Treatment was provided in a clean and safe environment.

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.

Patient's privacy, dignity and independence were respected and 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

Patient's understood the care and treatment choices available to them and were given appropriate information and support regarding their care or treatment.
In the waiting area, we observed that there were leaflets available for patients to take away, on various dental treatment options. Information on practice opening hours, staff, how to complain, treatment charges, confidentiality and the practice quality assurance statement were included in the practice leaflet we read and were also displayed as posters in the waiting room.

We spoke to two patients who advised us that there was always plenty of information supplied in documentary format and that they were always made aware of the charges that were applied for their treatment prior to starting treatment.

Patient's expressed their views and were involved in making decisions about their care and treatment. We saw that there was a comments and suggestion box in the waiting room. The practice manager advised us that most of the patient comments/suggestions were complimentary, but there was a general opinion that there was not enough variety of reading material in the waiting area. We were shown the minutes of a staff meting where the staff team had discussed this. The decision taken was to implement a patient audit of reading material so that a decision could be made on what reading material to provide. We saw the audit displayed in the waiting area for patients to complete.

Patient's diversity, values and human rights were respected.
We asked the practice manager and reception staff how they would handle private phone calls or face to face conversations with patients. We were shown that all phones used were portable and calls or conversations could be taken or conducted in the private area at the rear of the ground floor, or if possible in a free surgery.

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.

Patient's experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We observed a patient being treated by the dentist. We noted the dentist fully assessed the patient and advised them of all findings. The dentist then explained the various treatment options to the patient and allowed the patient to make a decision on what treatment she wanted. We were shown copies of several signed treatment plans that were kept in patient's individual notes. We noted that the more complex plans we were shown included details of various treatment options the patient could choose. The practice manager and dentist advised that the patients were given a copy of their treatment plans. If their treatment was extensive or complicated they could attend a separate appointment to discuss the options.

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare. Patient's care and treatment reflected relevant research and guidance. We saw risk and COSHH (Control of Substances Hazardous to Health) assessments and audits of x-ray quality and emergency procedures. We were told that a risk based method, as recommended by NICE (National Institute for Health and Clinical Excellence), was used to determine the interval time between patients examinations. The practice manager showed us the medical history taking policy and showed us specific consent forms for complex treatments such as implants and periodontal surgery. We saw there were x-ray protection local rules on display and certificates of testing of all x-ray equipment.

Patient's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The practice had not carried out a specific disability discrimination access audit, but had installed an outside ramp, handrails and widened the entrance door to the practice. We asked the practice manager what advice was given to patients who were wheelchair bound. She advised us that if possible, home visits are arranged or the patients are signposted to a local practice with full wheelchair accessibility.

There were arrangements in place to deal with foreseeable emergencies. The practice had emergency drugs, oxygen and equipment to manage the most common medical emergencies occurring within the dental surgery. There was a process in place to monitor the expiration and replacement of the drugs. We saw there were instructions on what to do

in a medical emergency or fire in the reception area and surgeries.

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. We were shown the practice infection control policy and several infection control and dental water line audits. Clinical and non clinical areas were kept clean and there was a general cleaning schedule in place. Cleaning materials were appropriately stored and colour coded. All staff involved in exposure risk procedures had been vaccinated against Hepatitis B and we were shown records that illustrated their immunity.

Decontamination of instruments was performed in surgeries and sterilisation took place in a separate sterilisation area. We noted that clean and dirty zones were designated. Guidance on the instrument decontamination/sterilisation process was available for staff to use in both surgeries and the sterilisation area. We observed adequate personal protective equipment for staff to use when carrying out decontamination and sterilisation of instruments. There were maintenance schedules and certificates of testing for all sterilisers. The practice also conduced and recorded tests for the ultrasonic cleaner. A log book was kept to show that all sterilisation cycles were fully completed. There was guidance on hand-washing above all hand-washing sinks and information on what to do if a sharps injury occurred was located in the sterilisation area.

We asked a nurse to show us how she processed dirty instruments. We were shown how instruments were transported in appropriate boxes to and from the sterilisation area. The nurse then went on to correctly describe the entire instrument decontamination/sterilisation process. We saw that instruments which had been sterilised were appropriately packaged and stamped with sterilisation expiry dates.

A Legionella risk assessment had been carried out and recommendations had been implemented. The practice regularly checked the dental water lines for the presence of bacteria and disinfects these as required. Clinical waste was disposed of appropriately and in accordance with current guidance and this was evidenced by waste disposal slips and a clinical waste disposal contract.

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 practice kept individual personal folders for each member of staff. We noted that these contained a copy of the annual professional registration certificate.
We asked the practice manager whether there were processes in place for new staff induction and ongoing staff appraisals. She told us they had not employed any new staff for many years, but the practice required new staff to undertake a period of induction in the form of a buddying system. We were shown the annual appraisal documentation for two of the practice nurses.

We asked the practice manager how the practice supported staff with regards to maintaining standards and training. We were advised that the practice provided in-house training in medical emergencies and basic life support on a yearly basis and we saw certificates to evidence this. We saw several staff certificates of attendance for several British Dental Association CPD (continuing professional development) courses; including safeguarding, radiology, infection and decontamination training. We saw that training records were kept and regularly updated for each staff member.

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 and records were kept securely and could be located promptly when needed.
The practice stored patient records on paper and computer. We observed that the method that the practice used to back up the records was appropriate. We saw that security of patient records was enhanced because each member of staff had their own computer login and password. The practice manager was able to show us evidence that the practice had registered with the data protection agency. We saw that the practice had a policy in place to ensure that patient medical histories were collected and updated appropriately.

We looked at the records of two patients and noted that they were completed contemporaneously. We asked the practice manager whether the practice had conducted any record card audits. We were advised that they had not as yet, but planned to do so soon.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. The practice manager showed us files which contained various records, including those on waste management, radiation protection and steriliser certification. We asked the practice manager how long the records would be kept and she advised us that these would be kept indefinitely.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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